Bay Care Domiciliary Care Ltd

The Bay Care Group

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

Overall summary

The Bay Care Group provides care and support to mostly older people, who live in their own homes. The services provided include personal care, live in care, and domestic work in Paignton, Torquay, Brixham, Dartmouth, Newton Abbot, Ashburton and the surrounding areas.

The service had 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.

We visited the office on 15 December 2015. At the time of this announced inspection 113 people were using the service. The service moved offices and was re-registered with the CQC in March 2015. Therefore, this was the first inspection to be carried out at this office.

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included "They're very good. Very pleased with them" and "Every single staff member is a star. They do a grand job, they're dedicated". People told us staff were respectful and polite. One person told us "They

Summary of findings

always start the visit with 'how are you' and 'what can I do for you first'". We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people's interests and chatted with them about these with warmth and laughter.

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel totally safe" and "I know them all". Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

People told us they were happy that staff knew how to meet their needs. People said "They do everything I need" and "They know what they're doing". Staff told us they were happy with the training they received. The service employed a training officer who provided face to face training. New staff completed training before going out to visit people. People told us they had a regular team of staff who had the appropriate skills to meet their needs. People said "I know them well"; "I'm very pleased with Bay Care" and "They do a fantastic job".

People told us staff were usually on time. They said "It doesn't matter what time they come, I know they will be there sooner or later" and "They are sometimes late, they mostly let me know". Staff told us they were usually able to get to their visits on time. Two staff told us that sometimes there was not enough travel time. The registered manager told us they kept this under review and made changes where necessary.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people's requests, met their needs appropriately, and knew how they liked things to be done. The service was aware some people were at risk of becoming socially isolated. The registered manager regularly sent information out to people with details of what was happening locally, and where people could meet up.

Safe staff recruitment procedures were in place. The operations manager reviewed each staff file to ensure all checks had been completed before staff started work in people's homes. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. For example, where one person was at risk of pressure sores, we saw the person had equipment such as a pressure relieving mattress in place. Where people were supported to have their medicines this was done safely. People had received their medicines as they had been prescribed by their doctor to promote good health.

The service reviewed incidents and accidents to minimise the risk of them happening again. For example, the service had assessed one person as able to take their own medicines but on one occasion they took too many by accident. The service raised their concerns and the person's care package was increased with more visits. The person agreed to staff giving them their medicines and a safe was installed to keep medicines secure.

The registered manager sought regular feedback from people who used the service. For example, through questionnaires, telephone calls, and meetings. The service had recently received 26 completed questionnaires. There were questions on respect, dignity, care plan involvement, likes and dislikes, and how well the service was meeting people's needs. These were rated mostly good and outstanding. When asked the question does the service keep in touch with me regularly about concerns, some people rated this as adequate. Further to this, the registered manager had sent a letter to people telling people what was already in place. They asked people for any suggestions to make further improvements. People and their relatives felt able to raise concerns or make a complaint. People said "No complaints. If I wasn't happy, I would soon let the office know" and "If I was worried I would speak with staff".

The registered manager and the operations manager were working towards the Level 7 Diploma in Strategic Management. Staff told us the registered manager, operations manager and senior staff were all approachable and the door was always open. Staff told us there was open culture. One staff member commented "If you do something wrong, you can ring up and they'll help you correct it".

Summary of findings

A comprehensive audit system was in place to monitor the quality of the service. Monthly audits were linked to the CQC's five questions – safe, effective, caring, responsive and well-led. The audits looked at management, staffing, training, care plans, and records. There was a monthly checklist in place to ensure all quality measures had been carried out and completed. The service analysed the results of the audit. For example, they looked at the reason why visits were late. In November 2015, there had been some late visits due to traffic problems and hospital admissions. The service had informed people and given apologies.

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?
The service was safe.

People and their relatives told us they felt safe when they received care. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. The service reviewed incidents and accidents to minimise the risk of them happening again.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Good

Is the service effective?
The service was effective.

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service employed a training officer who provided face to face training. Staff had completed training and knew how to meet people's needs.

Good

Is the service caring?
The service was caring.

People and their relatives were positive about the way staff treated them. Care workers were kind and compassionate.

People were pleased to see the staff when we visited them in their homes.

Staff knew people's interests and chatted with them about these with warmth and laughter.

Good

Is the service responsive?
The service was responsive.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people.

Staff responded to people's requests and met their needs appropriately.

The registered manager sought regular feedback from people who used the service. People and their relatives felt able to raise concerns or make a complaint if the need arose.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was an open culture. The registered manager, operations manager and senior staff were all approachable.

Records were clear and well organised. A comprehensive audit system was in place to monitor the quality of the service and make further improvements.

The Bay Care Group

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 visit took place on 15 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on 16 and 18 December 2015. We carried out visits to people in their own homes on 17 December 2015.

One social care inspector carried out this inspection, with a second inspector making some telephone calls. Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our visit, 113 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with ten people and seven relatives. We visited two people in their homes.

We spoke with seven staff, the registered manager, and the operations manager. We looked at four care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel totally safe" and "I know them all". Some people had key safes installed outside of their homes. This meant staff were able to access people's homes when they were unable to open their doors. Access to the numbers of the key safe code were stored safely to ensure people's security. People told us staff were careful to ensure their homes were secured on leaving.

Staff had received training in safeguarding vulnerable adults. Staff had also been given safeguarding information sheets, and were sent a quiz with questions on how to make sure people were safe. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. When the registered manager had raised safeguarding concerns with the local authority safeguarding team, they had worked with other agencies to investigate allegations.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, where one person was at risk of pressure sores, we saw the person had equipment such as a pressure relieving mattress in place. There were clear instructions telling staff how to apply creams. This meant the risk of skin breakdown was reduced.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff completed medication administration record (MAR) sheets after they gave people their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health. The service had recently introduced a new chart for creams. This gave staff clear instructions on where to apply the cream. Staff had been sent a completed example so that they knew how to apply the creams.

The service reviewed incidents and accidents to minimise the risk of them happening again. For example, the service had assessed one person as able to take their own medicines but on one occasion they took too many by accident. The service raised their concerns and the person's care package was increased with more visits. The person agreed to staff giving them their medicines and a safe was installed to keep medicines secure.

Risk assessments relating to the each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people and staff. For example, one person's home had no external light. Staff had been given torches so they could see. The steps could be slippery when wet. Non-slip flooring had been put in place to reduce the risk of slips.

Recruitment practices were safe and relevant checks had been completed. New staff told us references and a disclosure and barring service (DBS) check had been completed before they started to work in the community. The DBS provides criminal records checking and barring functions. Staff files contained a DBS check and a risk assessment to show how the service had considered each staff member's record. Each file was reviewed by the operations manager to ensure all checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had enough staff to carry out people's visits and keep them safe. The service did not take on new care packages if they did not have sufficient staff to cover all of the visits. The registered manager told us there was always staff available to pick up visits if staff were off work at short notice. Staff told us they had enough time at each visit to ensure they delivered care safely. People told us the service was reliable. Comments included "They always come when they're meant to"; "I know they will be here sooner or later" and "They never rush me".

There was an on call telephone number for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. One staff member commented "If you ring they're available. They are even there to give advice when they're not working". There were arrangements in place to deal with foreseeable emergencies. The service had an emergency and crisis plan and a business continuity plan. These gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Good

Is the service effective?

Our findings

People told us they were happy that staff knew how to meet their needs. People said "They do everything I need" and "They know what they're doing". People told us they had a regular team of staff who had the appropriate skills to meet their needs. People said "I know them well"; "I'm very pleased with Bay Care" and "They do a fantastic job".

Staff told us they were happy with the training they received. The service employed a training officer who provided face to face training. New staff completed training before going out to visit people. The service had introduced the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The training officer told us staff were given a workbook to complete during their first 12 weeks. The training officer sat down with staff each week to go through it with them. A new staff member told us "The support was amazing. The training took place face to face in small groups". They told us when it was identified that they needed further training this had been put in place. The registered manager had completed the care certificate assessor's award. This meant they knew how to assess staff's competency.

New staff worked alongside experienced staff to observe how people had their care delivered. One new member of staff told us they had found this observation useful. They said "It was really good, I learn hands on, going out with someone else". All the staff told us they felt well supported. Staff received regular supervision which included observations of their care practice. The service carried out unannounced spot checks. A new staff member confirmed this happened once a week for their first six weeks. Records confirmed these took place and showed feedback was given. The staff member told us "I wasn't wearing gloves on one occasion – I'll never forget again". The service had introduced new competence forms to use as part of spot checks and observations. These were based on themes such as dignity, choice and control, communication, nutrition, diabetes, pain management, social inclusion.

Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff were given training handouts they could refer back to. These covered areas such as person centred dementia care, continence care, pressure ulcer prevention, mental capacity act, and safeguarding adults. Staff training certificates were kept in their individual files.

Each staff member had a personal development plan. This described what they wanted to achieve in the next 3 months and 12 months. Action plans were in place and showed training needs were being addressed. Staff told us they were encouraged to gain further qualifications and complete diplomas in health and social care. Most of the staff we spoke with were working towards level 2 or 3 diplomas. Staff told us if there was any training the wanted to do they could ask. One staff member told us they had been supported to learn more about continence care and stroke. This had enabled them to better understand one person's specific needs and provide better support.

The training officer told us they were currently developing updated training programmes in epilepsy, duty of care, and diabetes. The provider aimed to become an accredited training centre. An accredited independent training company was due to assess the quality of the training at the service in January 2016. This would show the training was good quality and allow the service to use the name of the company on their training certificates.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good awareness of the MCA. Care plans contained mental capacity assessments. There was evidence that family and health professionals had been appropriately involved in decision making. Staff gained consent from people before carrying out personal care and respected people's choices.

People were supported to access healthcare services. For example, one staff member told us about the action they had taken in an emergency. They had found a person on the floor. They stayed with them until the ambulance

Good

Is the service effective?

arrived. The staff member rang the person's relative and the service's on call telephone. The staff member who was on call came out to provide support. The staff waited for the person's relative to arrive before leaving.

Staff supported some people to choose and prepare their meals. Staff knew people's food and preferences and how to support people to make healthy meal choices. Staff showed one person a choice of two dishes and gave them time to pick one. Staff spent time encouraging the person to eat and drink. The person enjoyed the sociable mealtime experience. Staff ensured they left snacks and drinks out for the person before leaving. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Good

Is the service caring?

Our findings

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included "They're very good. Very pleased with them" and "Every single staff member is a star. They do a grand job, they're dedicated". One relative gave feedback on a questionnaire and named the staff who always went the extra mile to make their mum feel cared for and valued. One person told us staff supported them well with their emotional needs. They said "Staff assess my mood, it can be up one day and down the next. Their shoulder's there should I need it".

Staff spoke about people with compassion and concern. Staff members said "I absolutely love what I do. Hearing stories from the older generation, making them a cup of tea, having a chat and making sure they're ok"; "If they're happy, you're happy" and "I see really nice people, I try and build a relationship with them. It's about making a difference to people's lives".

One staff member told us that some staff go over and above. For example, if they found there was no milk, they would call the next staff to go in who would make sure they got some. When one person had returned home from another care setting, staff had called in to see how they were.

People told us staff were respectful and polite. One person told us "They always start the visit with 'how are you' and 'what can I do for you first'". Staff always asked what they wanted to be done and did it exactly how they asked. Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people's interests and chatted with them about these with warmth and laughter. When staff greeted one person, the person held the staff member's hand for some time and took comfort from this. Staff checked the person was comfortable, and gently supported them to have a drink. They clearly knew each other well and had built up a warm and close relationship, joking with each other.

Staff spoke with people in a way they understood. For example, one person's care plan said to keep all conversations simple as they could get confused. We saw staff followed this when speaking with the person.

Staff respected people's privacy and dignity. One person said "The staff always make me feel comfortable". Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. The importance of protecting people's dignity was discussed early on in new staff's training. People told us they were treated with respect. Staff used people's preferred name. Care plans contained information to remind staff not to rush people and be guided by them. During the home visits, we saw staff were calm and attentive to people's needs. They went at the person's pace. Staff told us if they had time at the end of the visit, they would check whether the person needed anything else, or sit and have a chat. Staff chatted throughout our home visits and sat and had a chat at the end. Relatives were given time during care visits to develop relationships with care staff. One relative said, "Staff are lovely and kind to both of us. They're a big help to me".

Staff tried to reduce people's anxieties and distress. For example, when one person was distressed, staff didn't feel they could be left on their own overnight. The staff member rang the service's on call telephone. The service contacted the people who commissioned the service to ask if the staff member could stay with the person. This was agreed so the staff member stayed overnight to make sure the person was alright. The staff member said they reassured them, sat with them and made them cups of tea.

Relatives were kept informed of people's care. One relative said "They keep me informed of what's happening. It's a great relief to me and my family". Records in people's homes showed staff had left messages for relatives when they identified any changes in people's health.

People were sent information about advocacy services every three months. The registered manager said this was to ensure people were aware that they could access an advocate who could speak up on their behalf. The service also sent people a newsletter which included information and updates, for example, how to access flu vaccination clinics.

The service had received 18 compliments during the past year, from people, their relatives, and community professionals. These thanked the staff for their care and kindness. A health care professional thanked the service for their responsiveness in arranging an end of life care package. This had meant the person's wishes were respected and they had passed away in their own home.

Good

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. Staff told us they took time to discuss people's needs and reassure them about the care they would receive. The service had recently taken on a number of packages at short notice due to another agency closing. The service had tried to meet people's preferences. One relative who had only just started using the service told us they felt their visit was too early in the morning. The operations manager spoke with the person and arranged for a visit at a set time, so staff would be there slightly later each morning.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

People told us staff were usually on time. They said "It doesn't matter what time they come, I know they will be there sooner or later" and "They are sometimes late, they mostly let me know". The service tried to ring people with any changes, and the majority of people confirmed this happened. One person said "If someone goes off sick they replace them, they try to let us know but it's sometimes difficult as they're so busy". Staff told us they were usually able to get to their visits on time. Two staff told us that sometimes there was not enough travel time. The registered manager told us they kept this under review and made changes where necessary.

The service was flexible and responsive to changes in people's needs. For example, one person's relative, who was also their carer, had gone into hospital. Staff had called the ambulance. They then rang social services to try and arrange respite care for the person. They contacted the family to let them know what had happened. This meant the service had ensured the person was not left on their own and had appropriate support in place.

The service was aware some people were at risk of becoming socially isolated. The registered manager regularly sent information out to people with details of what was happening locally, and where people could meet up.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People said "No complaints. If I wasn't happy, I would soon let the office know" and "If I was worried I would speak with staff". Where a complaint had been received this had been managed in line with the company policy. The registered manager acknowledged that a mistake had been made. They had sent a letter of apology to the person. Staff had received further training to reduce the risk of the event happening again.

The service sought regular feedback from people who used the service. Information had been sent out to people explaining the role of the CQC and asking for feedback on how to improve the service. The service telephoned people every three months to check they were happy with the care provided. People were invited to meetings or offered a phone call contact from the registered manager. The service had asked for mystery shoppers to provide feedback on how staff were doing. Several people had taken up this role. Questionnaires were sent out every two months with different questions each time. People had said that surveys were coming out too often, as they were monthly. The service had listened to people and changed this to every two months. The service had recently received 26 completed questionnaires. The theme was 'Is it caring?' There were questions on respect, dignity, care plan involvement, likes and dislikes, and how well the service was meeting people's needs. These were rated mostly good and outstanding. When asked the question does the service keep in touch with me regularly about concerns, some people rated this as adequate. Further to this, the registered manager had sent a letter to people telling people what was already in place. They asked people for any suggestions to make further improvements.

Good

Is the service well-led?

Our findings

Since our last inspection, the service had moved offices. The provider told us they had purchased the new premises to support the growth of the business and to maintain the quality of the services that they provide.

The registered manager was responsible for two services owned by the provider. They split their time between them. The operations manager was available at the service, five days a week. The registered manager had completed the Level 5 Diploma in Leadership and Management. The registered manager and operations manager were working towards the Level 7 Diploma in Strategic Management. This showed the managers were committed to further developing themselves and the service.

The provider information return said "Managers hold an open door policy and staff can freely come and discuss concerns at any time". Staff told us there was open culture. One staff member commented "If you do something wrong, you can ring up and they'll help you correct it". Staff told us they were able to voice their views in meetings . Staff told us the registered manager, operations manager and senior staff were all approachable and the door was always open.

The service employed three senior staff to cover three geographical areas, a staff mentor, and a compliance officer. Staff were aware of their responsibilities. The registered manager regularly sent out information to staff. For example, staff had been given information about the CQC and how they inspect, the Duty of Candour (which is about acting in an open and transparent way), as well as updates on infection control and safeguarding.

Staff told us they felt valued. For example, when staff had been unwell or had issues outside of work, they said the management had been really supportive. One staff member said "It's an extremely good company to work for". The service had introduced an 'Outstanding carers award'. When positive feedback had been received about a staff member, they were presented with a certificate. One of the senior staff said "when we get feedback about other staff, we ensure this is passed on so they can be praised. I always got told and praised on my work".

The service's vision was to deliver the highest standard of care possible. This was reflected in staff's work. Staff told us they enjoyed their role and worked well as a team. They said "It's about putting a smile on people's faces, making a difference to people's lives" and "It's a good team, good structure".

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice by accessing the internet and magazines. Staff told us they felt able to make suggestions and were encouraged to complete quality assurance questionnaires. We saw 12 questionnaires had been completed between September and November 2015. These were mostly positive and praised the leadership and organisation.

The provider held monthly directors meeting to discuss and agree ways to further improve the compliance and quality of services delivered.

Records were clear, well organised and up to date. A comprehensive audit system was in place to monitor the quality of the service. Monthly audits were linked to the CQC's five questions – safe, effective, caring, responsive and well-led. The audits looked at management, staffing, training, care plans, and records. There was a monthly checklist in place to ensure all quality measures had been carried out and completed. For example, spot checks, phone calls to people, incident forms, missed and late visits, meetings, care plans, and staff supervisions.

The service analysed the results of the audit. For example, they looked at the reason why visits were late. In November, there had been some late visits due to traffic problems and hospital admissions. The service had informed people and given apologies.