

Bell View Help at Home Limited

Bell View Resource Centre

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?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 20, 21, 23 and 27 January 2015 and was announced.

Bell View Resource Centre was first registered with CQC in December 2013. This was our first inspection of the service.

The service provides care for people living in their own homes in the North Northumberland area. At the time of our inspection, the service provided care and support to 30 people. Their office is located in a purpose built resource centre in Belford. The service had close links with Bell View Care Ltd which provides day care; meals;

home support; assisted shopping trips and a transport service. Bell View Care Ltd is not regulated by CQC as its services are out of scope of the Health and Social Care Act 2008 Regulations.

There was a registered manager in post who had been registered with CQC since the service was first registered in December 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt safe with the staff who visited them. There were safeguarding procedures in place. Staff were knowledgeable about what actions they would take if they suspected abuse had taken place. The registered manager had reported one safeguarding incident to the local authority. This incident was not concerned with the service or staff who worked there. The registered manager had not informed CQC however about this allegation of abuse.

People told us that they saw the same staff. The registered manager told us, "We try and keep staff to the same areas." We considered that there were sufficient staff to meet people's needs.

We found some concerns with medicines management regarding certain administration and recording procedures.

Staff told us that recruitment checks such as Disclosure and Barring Service checks were carried out. These helped to ensure that prospective staff were suitable to work with vulnerable people. We found however, that improvements were required to ensure that recruitment checks were clearly recorded to demonstrate that safe recruitment practices were in place.

Staff told us that there was sufficient training available. Most of the training was carried out 'in house' by the care coordinator. The registered manager informed us that further external training was being sourced.

People's nutritional needs were met. Staff supported people with their meal preparation. Healthcare professionals such as the GP or district nursing service were contacted if there were any concerns with people's health care needs.

We found that staff were knowledgeable about people's needs and they demonstrated a caring approach whilst supporting people.

There was a complaints procedure in place. None of the people or relatives with whom we spoke had any concerns or complaints. The registered manager informed us that there had been no complaints received since they had started the service in December 2013.

People told us they were happy with the service they received. Staff informed us that they felt valued by the provider and morale was good. We found however, that some audits and checks were not documented such as care plan audits and action plans put in place to identify any issues found. In addition, the care coordinator informed us that she had devised a medicines audit however this was not yet in place.

We had not been notified of certain events at the service such as the deaths of people who used the service and one safeguarding incident which the provider is legally obliged to inform us of. The registered manager gave his assurances that he would always send the required notifications in future and he understood his obligations under the Health and Social Care Act 2008.

We considered that improvements were required to ensure that all aspects of the service were monitored and notifications were submitted in line with legal requirements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to the management of medicines. This corresponded with one breach of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment in relation to medicines. The action we have asked the provider to take can be found at the back of this report.

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?

Not all aspects of the service were safe.

We found some concerns with medicines management. The registered manager told us that he would immediately address the issues we raised.

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. The registered manager had referred one safeguarding incident to the local authority. This safeguarding issue was not connected to the service or staff.

Staff told us that a thorough recruitment procedure was in place. We noted however, that certain recruitment checks were not accurately recorded.

Requires improvement



Is the service effective?

The service was effective.

There was a training programme in place. The care coordinator delivered most of the training. The registered manager informed us that further external training was being organised.

The registered manager, care coordinator and staff were knowledgeable about the principles behind the Mental Capacity Act 2005 (MCA). The care coordinator was developing further training about the MCA.

People's nutritional needs were met and there was evidence that healthcare professionals such as GP's or the district nursing service were contacted if there were any concerns.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and provided care which met their needs.

They informed us that staff also promoted their privacy and dignity. This was confirmed by our own observations.

Good



Is the service responsive?

The service was responsive.

People told us that staff responded promptly to their needs. They also told us that staff supported them to meet their social needs. They informed us that staff always turned up on time and stayed the correct length of time.

Each person had a care plan in place. We saw that some of the care plans were more personalised than others. The registered manager informed us that they were deciding which care plan documentation best suited the needs of people who used their service.

Good



Summary of findings

There was a complaints procedure in place. No complaints had been received since the provider had started delivering the service over 12 months ago. The people and relatives with whom we spoke had only compliments and praise for the service.

Is the service well-led?

Not all aspects of the service were well led.

There was a registered manager in place who had been registered with CQC since the service was first registered in December 2013.

We found that some audits and checks were not documented such as care plan audits; however checks of care plans were always carried out at people's six monthly reviews. The care coordinator informed us that she had devised a medicines audit which was not yet in place.

We had not been notified of certain events at the service such as the deaths of people who used the service and one safeguarding incident which they were legally obliged to inform us. The registered manager gave his assurances that he would always send the required notifications in future and he understood his obligations.

Requires improvement



Bell View Resource Centre

Detailed findings

Background to this inspection

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

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. We also conferred with a pharmacy inspector following our inspection.

The inspection took place on 20, 21, 23 and 27 January 2015 and was announced. We announced the inspection 48 hours prior to our visit to the provider's head office, to ensure that the office was accessible and we were able to meet the registered manager or an alternative senior member of staff. By announcing the inspection, the registered manager was able to facilitate our requests to speak with staff and organise visits and telephone calls for us to see and speak with people and their relatives.

We spoke with 15 people and six relatives to find out their views about the service. All were very positive about the service. We also visited four people in their own homes to ascertain how care and support was delivered.

We spoke with a local authority safeguarding officer, a local authority contracts officer and two care managers from the local NHS trust. No concerns were raised by any of the stakeholders we contacted.

We consulted with one of the directors; the chair of the trustees; registered manager, care coordinator and five care workers.

Prior to carrying out the inspection, we reviewed all the information we held about the service. The provider completed a provider information return (PIR). A 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. During our inspection we read five people's care records and five staff files to check details of their recruitment and training. We also looked at a variety of records which related to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe with the care workers who provided care and support. One person said, “I am very pleased you called, I can tell you I feel absolutely safe with the carers, they couldn’t be better. Staff, they had a good attitude; they always check everything to make sure I am safe.”

There were safeguarding procedures in place. Staff were knowledgeable about what actions they would take if abuse were suspected. The registered manager informed us that one member of staff had informed him of a safeguarding issue which was not connected with staff at the service. The registered manager had referred this incident to the local authority safeguarding team. However, we were not informed of this allegation. The registered manager told us that he was now aware that he should have notified us of this incident. This is reported further in the well led section of this report.

There were no ongoing safeguarding concerns. This was confirmed by the local authority safeguarding adults’ team.

Staff told us and training records confirmed that they had completed safeguarding training. The care coordinator delivered this training. They told us, “It’s [safeguarding] something I’m very hot on. We use Northumberland’s safeguarding procedure and flow charts [to refer to].”

People told us that staff always turned up and stayed for the correct length of time. One person told us, “They usually stay for about half an hour, but sometimes they take me out and we can be out for about three hours. I never feel rushed.” Another person said, “They are always the same ones; it’s always one of three who come. They stay about the right amount of time, normally up to an hour depending on what I need,” “They always arrive on time, they stay about half an hour and they don’t rush us” and “They come at the right time and stay the right amount of time.” A care manager from the local NHS trust said, “There’s been no problem with missed calls or late calls. They are local the carers that come.”

We spoke with staff who told us there were sufficient staff employed to care for people. They explained that travelling time was included and they were not generally rushed when they carried out their duties. This was confirmed by our own observations.

We checked medicines management. The care coordinator provided us with details of training which showed that staff had completed training in administering medicines. This was confirmed by the staff with whom we spoke.

People did not raise any concerns about the support they received with medicines management. One person said, “They help me with my tablets, I have complex needs and they do it very well. I don’t have any worries or responsibilities, they are excellent.” Other comments included, “They stay about half an hour and help me take my tablets” and “They take care of the medication which includes changing dressings; they are very good.”

We found some concerns around the administration of medicines. We noticed that staff administered one person’s medicines from a dosette box which staff confirmed had been filled by the person’s relative. In addition, staff administered pain relief medicine which they informed us had been drawn up in two oral syringes by the person’s relative. We spoke with the member of staff who was administering these medicines during our visit. She was unsure of the identity of each medicine contained in the dosette box and syringes. The Royal Pharmaceutical Society of Great Britain publication, “The Handling of Medicines in Social Care” [2007] states, “In order to give a medicine safely, you need to be able to; identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP.” It was not clear that staff were able to identify medicines correctly since they had not been involved with checking the pharmacy label and taking the medicine out of the original packaging to ensure that the correct medicines were being given to the correct person. We spoke with the registered manager about our concerns. He told us that he had immediately changed the procedure and staff were now administering medicines from the original packaging or pharmacy filled dosette boxes.

We visited another person in their own home. We saw that they were prescribed Paracetamol to be given four to six hourly. Records showed that sometimes staff had administered medicines less than four hourly. We spoke with the registered manager about this issue. He informed us that a memo had been sent out to all staff reminding them about the importance of administering medicines at the correct time.

We noticed that one person was prescribed a weekly dose of medicine. We noted that one member of staff had

Is the service safe?

recorded that the medicine had been given on two consecutive days instead of once a week. We spoke with the registered manager about this issue. He told us that this had been a recording error and the correct dose of medicine had been administered.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked staff recruitment procedures. All staff with whom we spoke informed us that they had to wait for references and a Disclosure and Barring Service (DBS) check before they started work.

We checked five staff recruitment records. We noted that recruitment checks and decisions were not always documented clearly. We saw that there were gaps in the employment history in three of the records we looked at. Original records were not kept of DBS checks, which is in line with recommendations; however there was no record of the DBS reference number or date of issue to demonstrate that the original DBS check had been checked by the provider. In one case we found only one reference for a care worker. The care coordinator told us that they had tried to obtain a further reference. However this was not documented.

We considered that improvements to records were needed to demonstrate that robust recruitment procedures were in place.

There were contingency arrangements in place in case of an emergency such as severe weather conditions, given the fact that the service provided care and support to people living in rural North Northumberland and in certain weather conditions, visits may be difficult. We saw that the provider had a four wheel drive vehicle which had been granted to them for a year from the Prince's Trust. The registered manager told us that they had always been able to get to people despite adverse weather conditions. We ourselves visited people in the snow and they told us that staff had never missed a call despite the weather conditions.

We read the PIR in which the provider stated they planned to introduce electronic call monitoring (ECM). The PIR stated, "The electronic call monitoring will work alongside our lone working policy. This will ensure that we provide a safer service to our service users and allow us to ensure our care workers remain safe whilst at work; the planning system we use has the facility for us to implement this. We hope that this will be completed by June 2015." Electronic call monitoring is the process of recording the start time, the end time and duration of home visits for people who are receiving homecare." The registered manager informed us that the introduction of ECM was still planned for the near future.

Is the service effective?

Our findings

People and their relatives told us that staff were well trained and had the necessary skills to carry out their roles. Comments included, “The staff seem well trained and happy in their jobs,” “We are very happy with the carers; they seem well trained and do their jobs very well. They ask us how we are and they stay and chat with us” and “They are very effective in what they do, and they seem to have the right skills to look after me.”

We reviewed the results from the most recent survey which was carried out by the service in 2014. One person had commented, “I think everybody in the service is most competent and obliging and I would highly recommend them to anyone.” One relative’s comment read, “I think the training staff are given must be exceptional as they show empathy while promoting independence and personal care. So glad we changed to Bell View Help at Home. I can now go to work confident that my dad receives good personalised care.”

We checked how people’s nutritional needs were met. People were positive about the support they received from staff with eating and drinking. One person said, “They cook our meal at lunch time, they are very good and they are aware of my dietary needs. We decide what we want and they cook it.”

Staff told us that they were always mindful of people’s nutritional needs. One care worker told us that she made “little picnics” for people to snack on between care visits so they didn’t get hungry. We observed that staff always asked people whether they wanted a hot drink when they arrived and made sure people had access to a cold drink before they left. We watched one care worker make lunch for a person and saw that he was provided with the food of his choice.

The registered manager and care coordinator were knowledgeable about the principles behind the Mental Capacity Act 2005 (MCA). The care coordinator was developing further training about the MCA.

Staff told us that there was sufficient training to enable them to care for people’s needs. One care worker said, “The training is great, I’m also doing the level 3 diploma. [Name of care coordinator] trains all the new staff.” Another said, “[Name of care coordinator] is good with the training. If you’re not competent or don’t know, she will go through things.”

We noticed that most of the training was carried out “in-house.” The care coordinator had completed a teaching qualification and had delivered all of the training except for the National Diplomas in Health and Social Care. She discussed how they were in the process of sourcing further training from external providers such as the local NHS trust’s learning and development unit. The registered manager acknowledged the importance of external training. He explained that such training exposed staff to new ideas and ways of working. He told us after the inspection that the district nursing team were going to deliver training in specialist feeding techniques.

We noticed that training in dementia care had not been completed as yet. The care coordinator told us that this was in the process of being organised. The registered manager informed us that they did not look after anyone with complex dementia needs. He also explained, and records confirmed that many staff had completed dementia care training in their previous jobs.

The registered manager told us and staff confirmed that supervision sessions were held. These are one to one sessions which are used to discuss staff progress and any training needs they may have. The registered manager told us that staff appraisals had not yet been carried out; since none of the staff had worked at the service for more than a year. He informed us he was in the process of planning these with staff. Staff told us that they felt supported and could approach either the registered manager or care coordinator with any issues or concerns.

People told us and records confirmed that staff contacted health and social care professionals if advice or treatment was required.

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, “They are just like friends and do all the things I need.” Other comments included, “All the staff are kind and caring” and “I am very happy with the care, they are very caring. I have never been left without a carer.”

People and their relatives told us that they were happy with the care provided. Comments included, “The care we get is first class, couldn’t get any better;” “I would say I was very satisfied with the care;” “The care I have received since changing to Bell View has improved my care and confidence with the carers 100%. I am so happy and pleased I did change to Bell View” and “I am very happy with the care I receive; they are all very friendly and do anything I ask of them.” We read comments from the most recent survey which was carried out in 2014. All comments were positive about the care which was provided. One person had commented, “We are pleased with the care we get and we could not get any better staff as Bell View Help at Home”

We spent time observing staff support people. We saw there was a good relationship between people and staff. When staff arrived, they took time to sit down and ask people about how they were. We saw one member of staff kneel down beside a person’s chair to communicate with them. We considered that the care and support provided was personalised and not simply task orientated where staff only focused on the task in hand such as meal preparation. One care worker said, “I think people do get a good quality of care, because we care.”

Staff were knowledgeable about people’s needs. One staff member told us, “You get to know them. I know what they like. For instance, one person likes a particular television channel on; I always make sure she has the television on.”

People told us that staff respected their privacy and dignity. One person said, “They are caring and treat me with respect.” Other comments included, “My dignity and privacy means a lot to me and they are very kind and caring. I am pleased to have this opportunity to say that I am being very well treated, they are absolutely excellent” and “They treat me with respect and dignity.” One person’s relative told us, “I would like to say it is very nice to have this care at home. They are very respectful and always respect my wife’s dignity. They chat away they have a very nice manner; even the youngest one is very good. They come in and go out with a smile.” We observed that staff knocked on people’s doors before they entered and spoke with people respectfully.

People and their relatives informed us that they were involved in plans made about their care. One relative said, “They come in they are generally chatty, they are friendly, we get on well and they involve me in the care they give.” People told us that staff listened to them and got to know their likes and dislikes. One person said, “They listen to me, and act upon things.” Other comments included, “They sit and listen to us; they will do anything we ask;” “They talk to me about me, they never complain or moan about things” and “They always come in with a smile and have a chat; they ask us about our day.”

The registered manager informed us that no one was currently accessing any form of advocacy. He told us and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "They do a very good job for me, they help me dress and look after my feet very well. They sort out things in the kitchen for me and they peel my vegetables for me." Other comments included, "They come in every day and do everything I need" and "Sometimes if I need an earlier call due to having a doctor's appointment I can call the office and they will arrange for them to come earlier." One person told us that staff acted quickly when they were unwell. They told us, "They called one morning and I was unwell and they called the paramedics for me."

People informed us that staff were flexible and stayed longer if needed. One person said, "They will stay longer if needed." The registered manager told us and people confirmed that they received a staff rota to inform them who was coming to support them.

People told us that staff asked whether they had a preference for a male or female care worker. One person said, "I have no preference whether it is a male or female carer, but I have asked that they don't send any very young ladies as I am not comfortable with them, I want mature people and I am happy with the ones they send now." Another person said, "The manager rang and asked if I preferred male or female carers and I asked for female and that is all I have had." At the time of our inspection there was one male care worker employed by the service. In addition, the registered manager who was male, also delivered care and helped out where necessary.

We spoke with one care manager from the local NHS trust. They told us that they had chosen the service for their relative. They informed us that they were happy with the care which was provided and considered that staff were responsive to their relative's needs. They said, "They are proactive, they have added a further two staff to the team for when [relative] needs more care."

We checked five people's care plans. We noticed that some were more detailed and personalised than others. We spoke with the registered manager and care coordinator about this issue. They told us that they were in the process of choosing which care documentation best suited the needs of people who used the service. They told us, and our own observations confirmed that a number of different formats had been used with varying degrees of

personalisation. We noted that one care plan was very personalised and used a format called, "My support plan at a glance." This gave care workers an instant overview of the person's needs, likes and dislikes, including important people in their lives. We read the care plan which stated, "I can still put on my makeup and I help [name of husband] do small jobs at the table." Another comment included, "I am pretty easy going. I like to know what is going on and which carer is coming and I get upset if they don't come at the right time."

All the people whom we visited had received a care plan review to make sure that the care delivered continued to meet their needs. As part of the review, the care coordinator or registered manager carried out a "satisfaction questionnaire" to make sure that people were happy with the care provided. All satisfaction questionnaires within the care reviews that we read were very positive. Comments included, "Can't see how you can improve carers in any way, they are perfect;" "Anything that has arisen has been dealt with" and "The carers are kind and really helpful. I really like [name of care worker] she is so helpful and has come on well."

Staff told us, and people confirmed that they helped ensure people's social needs were met and promoted their independence. One care worker said, "Care doesn't need to be the same each week. It's individual to each person... I deal more with the social side, if they aren't used to going out, I use the 'drip method' where I slowly introduce new experiences to people, this takes time." They told us that they supported people to access the activities that they chose to do such as photography and snooker with friends. They told us, "[Name of person] likes to socialise, he likes going to cafes and going shopping. He writes a list of what he wants; it's all about learning the concept of money. I will get him to check that he gets the right change when he's paid for something and choose what he wants, I'll say, 'now do you want this cheese' which is whatever price or 'this cheese' which is on special offer. He always wants value for money and will want the bargain. It's all about independence which I'm all for – absolutely."

A compliments file was kept. We read a compliment from a care manager from the local NHS trust. She had written, "[Name of relative and friend] both informed me that Bell View Help at Home is a very good service and that it is the same carer who calls each day and this will only change when she is on leave or off sick."

Is the service responsive?

There was a complaints procedure in place. None of the people with whom we spoke raised any complaints. One person said, "I am very happy with the care, I have no complaints." Another person told us, "They are very good, cannot complain they never hurry me" and "I would just call the office if I had a complaint; I know it would be acted upon." The registered manager told us that they had received no complaints since starting the service over 12 months ago.

A survey had also been carried out to check whether people and their relatives were happy with the service. One comment stated, "From starting with this company we have not had any complaints with the service we receive." Other comments included, "We have enjoyed your girls coming to look after [name of person]. They have done everything we asked and have been very nice to know" and "Any issues were dealt with promptly and senior management kept us informed. I would give anyone your details if they needed a good care package."

Is the service well-led?

Our findings

People and their relatives told us that they were happy with the service people received. One person said, “I would say the company is good.” Other comments included, “I can’t think of anything that needs to be changed;” “I would rate them as good, I cannot complain they do everything we need and more;” “We recently changed from another care company and we are happy we did” and “If I had any complaints I would just ring the manager, but I think they are 100% first class.”

People told us that morale amongst the staff was good. One person said, “The morale of the staff seems very good. I would rate the service seven out of 10.” Other comments included, “I once asked the carer if she was doing a job she liked, she said she loved it, and likes working for the company. They are always very pleasant and friendly;” “They seem happy in their jobs, and they manage even when they are short of staff and busy they still smile” and “They are always very friendly and seem very happy in their jobs.”

We spoke with two care managers from the local NHS trust. One stated, “I have been hearing awfully good things about them. [Name of person who uses service] said that they can’t do enough for you. I have had another family who have praised them saying how on the ball they are and how lovely the carers are and how they keep them updated.”

There was a registered manager in place who had been registered with CQC since December 2013 when the service was first registered with CQC. We read the homecare brochure which described the registered manager’s background. This stated, “[Name of registered manager] has worked in the care sector for over 20 years. He has worked in various environments from hospitals to care homes to care in the community and has managed and supervised large groups of carers and service users. He brings a wealth of relevant experience, skills and knowledge to the company.”

There was a board of nine trustees, two directors and a registered manager. In addition, the care coordinator oversaw the coordination of care provided. The registered manager was also the nominated individual. Nominated individuals are people employed by the provider who are responsible for supervising the management of the regulated activity. We spoke with the registered manager

about the issue of him being the nominated individual and registered manager and therefore overseeing his own quality management systems. He told us that he was aware of this situation and the provider was looking at the possibility of one of the directors applying to become the nominated individual. This would help ensure that there was a clear management structure in place to oversee the quality and management of the service.

People were positive about the management team. One person said, “The managers are approachable and they respond very quickly to any requests, the manager came out straight away to sort out a problem for me” and “If we had a problem we would call the manager. We had to change the times of my visit once and we called the office and it was sorted out with no bother. The manager was very helpful.” Staff were also positive about the support they received from the registered manager and care coordinator. One staff member said, “As a care coordinator she is fantastic. The two of them go out themselves to see what’s going on.”

The provider sought to ensure they were an open, transparent and inclusive service. Information on their aims, beliefs, mission and values was published on their website. Their mission was, “To support and enable older people to live independently by working in partnership to develop innovative services that respond creatively to the needs of individuals and local communities in rural North Northumberland.”

We spoke with the chair of the Trustees who oversaw both the charitable organisation and Bell View Resource Centre. She spoke enthusiastically about their vision for the future and about ensuring people received personalised care. She explained how they provided a “Very joined up service.” She said that people might initially access the charitable organisation’s activities such as making rugs at an arts and crafts session. Then, as time progressed they may join the luncheon club and then the day centre and maybe as they require more support they may access their registered homecare service, Bell View Resource Centre.

She explained in their first year of providing homecare, they had deliberately kept the service at a “manageable size” so they could ensure that the necessary systems and staff were in place to make sure they could deliver an effective

Is the service well-led?

service. She explained however that they were now looking at “widening their horizons” and thinking of expanding into the nearby local town of Berwick upon Tweed. She said, “We’re always looking forward.”

Staff told us that they were happy working at Bell View Resource Centre. One staff member said, “The staff are great. We get travelling time and fuel expenses.” Another said, “They’re a really good company to work for.”

An employee satisfaction survey had been completed in 2014. Seven questionnaires had been sent out and six had been returned.” One staff member had written, “Completely happy with my employer.” Another had stated, “I have never been so happy with my work. I have made some good friends.” We read one comment which stated, “Being as I am only bank staff, I feel a little bit alone (without colleagues).” We spoke with the care coordinator about this comment. She told us that she regularly phoned staff to make sure they are alright.

There had been one staff meeting which had been held in May 2014. Staff informed us that a “carer of the month” had been started. However, they had not received any further details of further carers of the month. One care worker told us, “They had a ‘carer of the month’. I’m just waiting for them to do it again; it was a long time ago.” We spoke with the registered manager about this issue. He told us, and records confirmed that a further staff meeting had been organised following our inspection and there were plans to recognise another carer of the month at this meeting.

The care coordinator informed us that she carried out spot checks to ensure that staff were following the correct procedures. She said, “I put myself on duty a lot to work alongside them and they don’t know I’m monitoring them until after I’ve done the spot check. [Name of registered manager] and I go out and about a lot, it’s the way we do it so we know what’s going on.” We read a number of spot checks and noticed that these were detailed.

Prior to our inspection, we checked all the information we held about the service. During our inspection, we found out the provider had not sent us notifications related to the death of a service user and a safeguarding incident. Notifications are changes, events or incidents that the provider is legally obliged to send us within a required timescale. The submission of notifications is important to meet the requirements of the law and to enable us to monitor any trends or concerns. We spoke with the registered manager about this issue. He explained that he would submit notifications for all required incidents in the future.

We considered that we would need to see improvements in this area to satisfy ourselves that the provider is aware of their legal obligation to submit notifications in line with legal requirements.

We checked how the provider monitored the quality of the service. The registered manager informed us that he carried out informal monitoring of care plans. He told us that he chose four or five each month to check. However, we found a variation in the quality of care plans and there was no documented action plans in place to state that this issue had been addressed.

We asked whether medicines audits were carried out since we had found some concerns with medicines management. The care coordinator showed us an audit which she had devised. However, this was not in place yet. In addition, the recording of recruitment checks was not always clear and processes were not fully in place to ensure that these were recorded accurately.

We considered that improvements were required to ensure that enough systems were in place to fully monitor all aspects of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately and the administration of medicines did not reflect current best practice guidelines. Regulation 12 (1)(2)(g).</p>