

Bela Home Care Limited

# Bela Homecare

## Inspection report

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25 January 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bela Homecare is a domiciliary care agency that provides support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 7 people receiving the regulated activity of personal care at the time of our inspection.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback was consistently positive about the service people received. People were safe, valued and cared for. Relatives praised the support that their loved ones received and expressed how they had confidence in the registered manager and her team.

There were good systems in place to keep people safe. Risks had been appropriately assessed and action taken to safeguard people from the risk of abuse or avoidable harm.

Enough staff were employed to meet the needs of the people who received personal support. People were supported by a regular and reliable team of staff who knew them well. Staff were kind and caring in their approach and had developed good relationships with both people and their families. Staff promoted people's privacy and dignity and encouraged them to retain their independence.

Appropriate steps were taken to ensure staff were suitably vetted prior to appointment. Recruitment was safe and training and support was ongoing to ensure staff had the skills and experience to undertake their roles effectively.

Each person was assessed prior to the commencement of care, from which a personalised plan of care was devised. Support was provided flexibly and regularly reviewed to ensure it remained responsive to people's changing needs.

There were good systems in place to keep people healthy, hydrated and ensure medicines were administered as prescribed.

The registered manager was committed to delivering high quality support and had a clear vision of growing the business, without compromising on quality. Quality assurance and governance systems ensured ongoing monitoring and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 8 November 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection to look at the overall safety and quality of the service and to provide a rating.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bela Homecare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was providing support to people who required assistance due to frailty due to age, physical disability, or living with dementia.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 18 January 2023 and ended on 25 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered in November 2021. We used information gathered as part of monitoring activity that took place on 20 September 2022 to

help plan the inspection and inform our judgements. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During our monitoring activity in September 2022 people shared their experiences about their care. We followed up on this feedback by having telephone calls with 3 relatives about their latest experience of the support provided. We also spoke with 3 members of staff and the registered manager.

We reviewed a range of records. This included 3 people's care records and the staff files for 3 members of staff. We looked at how staff had been recruited, trained and supervised.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that staff and managers made them feel safe and protected. One family member said, "[Person's name] feels very safe with them." Likewise, another relative expressed, "We are very impressed with the way they keep [Person] safe."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff told us they had completed training in safeguarding and were able to talk about different types of abuse and what they would do if they ever had concerns. One care worker said, "I had a client once who had a lot of bruising, so I took photos and immediately reported it to the manager. It turned out to be due to their medication, but we wanted to make sure."
- There were clear policies and procedures in place for identifying and reporting abuse and the registered manager demonstrated her knowledge and commitment to safeguarding the people who received services from the agency.

Assessing risk, safety monitoring and management

- People and their families expressed confidence in the way support was delivered and felt staff took appropriate steps to ensure they were kept safe. One relative told us, "[Person] has a hoist and I know she feels safe when they are using that."
- Staff were confidently able to discuss the risks associated with the people they supported and the steps they took to mitigate these. One care worker told us, "[Person's name] is at risk of developing pressure sores so we have special equipment and use a barrier cream to manage this risk."
- Each person's care plan was linked to a set of risk assessments that comprehensively outlined how identified risks could be mitigated and staff were clear about the guidelines in place for each of the people they supported. Where people used specialist equipment such as hoists, there were also pictorial guidelines to add further clarity to the written assessments.
- The provider had appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- People and relatives consistently praised the staff who supported them and had never experienced a missed call or received care at the wrong time. One family member told us, "It is very consistent. She has one main carer who has the overview of everything to do with mum which works brilliantly."
- People were supported by the same small number of staff and appreciated having consistent care that was flexible to their needs. One relative explained, "It's very consistent. There are only around four of them. They all know what going on."

- Staff told us they were given the time to deliver the care that was expected. One care worker highlighted, "The other day I had to take a blood pressure reading and needed the person to be calm and still so the manager extended the call time for 15 minutes so this could happen."
- As a new agency, the registered manager had demonstrated a commitment to only accepting new care packages for people once they had the staff in place in support them. The registered manager explained that she was deliberately growing the business slowly to ensure neither office nor care staff were over-stretched. Staff also confirmed this as being their experience.
- Staff were recruited subject to appropriate checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included obtaining two written references, a full employment history and the completion of a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where staff had been employed from overseas the registered manager had also taken steps to ensure they had the correct permission to work.

#### Using medicines safely

- Relatives told us they had confidence in the way staff supported people with their medicines. One family member said, "They make sure she takes her medication at the right time. They liaise with the doctors if they feel there is a problem. They are fantastic."
- There were good systems in place to support people safely with their medicines and ensure they received their medicines as prescribed. Staff understood the importance of some medicines being given at set times and explained how they ensured this happened. One staff member highlighted, "My car broke down once so the manager arranged for another carer to go to my client and give them their medicines so they weren't late."
- Staff received training in the safe administration of medicines and the registered manager had completed competency checks to ensure staff practices reflected the learning.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines which were continuously audited by the registered manager.

#### Preventing and controlling infection

- Feedback from people and relatives confirmed that staff maintained good standards of infection prevention and control and always wore Personal Protective Equipment (PPE) when they were providing support.
- There were appropriate systems in place to manage infection control and staff confirmed that they had completed regular training. Staff were able to describe the steps they took to prevent the spread of infection, including the use of additional PPE if a person was unwell or had tested positive for Covid-19.
- The registered manager provided assurance that they had continuously maintained a good supply of PPE and staff reported that they had been well supported during the pandemic.

#### Learning lessons when things go wrong

- The registered manager had developed a culture of reflective practice across the service and as a team they were always looking at ways of improving the way care was delivered.
- Feedback and incidents were routinely discussed with staff to establish learning which was adopted by the whole team.
- Staff confirmed that where improvements were identified from audits or reviews, these were shared with them.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed by the registered manager prior to support being delivered. Care records evidenced that best practice standards such as the Malnutrition Universal Screening Tool (MUST) were used to assess and monitor people's specialist needs. MUST is a recognised screening tool to identify and manage nutritional risks.
- Staff told us that the registered manager consulted with them in respect of new clients to ensure as a team they had the skills and time to support people effectively.
- Each person had a care plan. The information recorded was personalised and clearly reflected the needs, wishes and expectations that people had expressed during the assessment process.
- People's support needs were kept under ongoing assessment and additional monitoring introduced when needed. For example, where staff had raised concerns about a person's hydration, a fluid monitoring chart had been introduced to accurately assess this.

Staff support: induction, training, skills and experience

- People and their families repeatedly praised the standard of support they received from staff, describing staff as, "Fantastic" and "Brilliant."
- Staff had the skills and experience to meet people's needs effectively and received ongoing training and support. Where people had specialist needs, bespoke training was arranged for staff before they were required to deliver the care. A relative told us, "Mum has a stoma and they are good at supporting her with that, so it doesn't leak."
- New staff completed an induction programme in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. New staff always shadowed the registered manager prior to supporting someone alone.
- Staff told us they had the right support to deliver their roles effectively. One care worker said, "When we first start with a new client, the registered manager is there to meet you and go through how the person wants to be supported."

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff supported people with their meals, care plans included information about people's dietary needs and any nutritional risks. This information was used alongside knowledge about people's preferences about the food they enjoyed and timings of meals to create personalised support plans which staff were confident in discussing.
- Food and fluid monitoring records were used to ensure staff and managers had a good oversight of how

people were eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People, relatives and staff spoke positively about the communication systems in place – both within the agency and with other professionals involved in their care. One family member told us, "We have very good communication and the [registered manager] is brilliant at involving us in her care." Likewise, another relative said, "They liaise with the doctor's if there's any problem – they are fantastic."
- The registered manager and staff had good working relationships with the local district nursing team and described how good partnership working had enabled people to get the right equipment and specialist care they needed to remain safe and comfortable at home.
- Information about each care visit was recorded which ensured that everyone involved in supporting people had access to current and accurate information.
- People were supported to maintain good oral hygiene with care plans including information about the support people needed in this area.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. No one was being deprived of their liberty at the time of our inspection.

- People were fully involved in the decisions about their care and staff understood the importance of gaining people's consent prior to delivering support.
- Relatives confirmed that staff always respected people's decisions and provided support in line with their wishes and best interests. One family member told us, "Even though mum has memory problems they respect her and involve her in decisions about her care."
- Staff had a good understanding of people's legal rights and how this affected the way they provided support to people. One care worker talked about a person whose capacity fluctuated and described the steps they took to enable them to support them in respect of this.
- The registered manager knew what action to take to ensure a decision was made in the person's best interests if they identified a person lacked capacity. Where people had appointed others to act on their behalf, the registered manager had obtained evidence of this authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were committed to delivering support in a caring and thoughtful way.
- Relatives praised both staff and managers. One family member told us, "They are all just so caring, it's lovely." Similarly, another said, "Honestly, they couldn't be nicer."
- Staff were passionate about doing the best for the people they cared for. One care worker recalled, "On Christmas Day, I plated up a Christmas dinner for one of my clients and took it round to them as I knew they would be on their own." The registered manager explained how another care had voluntarily stayed with a person during the pandemic when the person had Covid-19 and was scared of being alone.
- Care records reflected a kind and thoughtful approach to care. Written information not only documented what care had been provided, but also information about people's physical and mental well-being and what staff had done to improve people's mood if they were observed to be feeling down.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care;

- Care was provided in a way which respected people's privacy and dignity. One relative highlighted, "They are perfect, they lock the door so no one can walk in when she is on the commode."
- People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished.
- Relatives told us that staff encouraged people to remain as independent as possible. One family member commented, "They are very good at gently pushing her into doing the things she can do."
- Care records reflected that people had been fully consulted about how they wanted their support to be delivered. For example, guidelines for staff included how people had requested they enter their homes, what things they liked to do for themselves and which belongings they wished staff to leave in reach for them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support that was personalised to their individual needs and choices. One relative told us, "The service is very client centred - very much about what is best for my mum."
- People and those important to them were actively involved in planning their own care that was flexible to their needs and lives. One relative highlighted, "They are very adaptable. They rearrange the time they come if we need them to."
- Staff demonstrated an excellent understanding of people's needs and this knowledge was reflected in people's care records. For example, support was planned and delivered in a way that considered people's physical and emotional needs.
- Support was responsive to people's needs. One staff member described how they had raised with the manager that a person's needs had changed, and they required more support in the evening. As such, the registered manager reviewed the care plan and the necessary agreements were sought to extend the call from 30 minutes to 1 hour.
- Staff were given the time to support people in the way they wanted and understood the importance of respecting their relationships with family and friends.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had the necessary skills to communicate effectively with people. Staff had a good understanding about people's communication.
- Written information was available in ways that were accessible to people.

### Improving care quality in response to complaints or concerns

- The service had not received any complaints, but satisfaction surveys confirmed people knew how to do so.
- Relatives echoed the same views that they had no complaints but would have every confidence in telling the manager if they did.
- The registered manager actively sought feedback as part of their ongoing commitment to develop the

service and had policies and procedures in place for handling complaints if they arose.

#### End of life care and support

- The registered manager spoke with confidence about their passion to deliver good end of life care to people and their families. The compliments file highlighted the thanks and praise the agency had received about the way they had supported people at the end of their lives.
- Staff demonstrated the roles they played in keeping people comfortable and pain-free at their end of their lives and how the registered manager had supported them to deliver their roles well,
- Care records included information pertaining to people's end of life wishes and decisions.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback consistently highlighted that the agency was professional and well-managed. One family member told us, "They are absolutely brilliant. I can rely on them. I give them 10/10."
- The registered manager promoted a commitment to high-quality care and had a clear direction for continuing to develop the services provided with people at the heart of what they do. This vision was shared by staff and reflected in the feedback about people's experiences. One relative reflected, "They are a small group, so the left hand knows what the right hand is doing."
- Staff were proud to work for the agency and shared the provider's values. One care worker told us, "I love being part of a small team. I feel valued and respected as a person and this enables me to be the best I can be for my clients." Likewise, another care worker commented, "You know every day what you are doing, supporting the same people every day means you can really get to know them and support them in the way they expect."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Feedback was actively sought, and the values of honesty and integrity were promoted through the excellent communication systems in place. One family member described, "We have ongoing communication so I can feedback at any time."
- Due to the small size of the agency, the registered manager was very hands on in the assessment and monitoring of people's care. Systems were in place however to support her oversight through the regular spot checking of staff and auditing of records.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of her legal responsibilities and understood when CQC and other external agencies were required to be notified of significant events.
- The registered manager kept herself up to date with best practice and continuous auditing ensured regulatory requirements were understood and met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to be partners in their own care. Relatives told us they were regularly consulted

about their levels of satisfaction and that any ideas for improvement were always listened to and implemented.

- Satisfaction surveys gave people and other stakeholders the opportunity to provide anonymous feedback. The results consistently provided outstanding reviews of the support people received.
- The registered manager had developed close links with a range of other professionals including the local doctor's surgery, district nursing team and hospice. This partnership working had been used effectively to achieve holistic support for people.