

Belong Limited

# Belong at Home Domiciliary Care Agency Crewe

## Inspection report

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Crewe  
Cheshire  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

About the service:

Belong at Home DCA, Crewe, provides personal care and support to people living in their own homes. At the time of this inspection there were 31 people receiving a regulated activity, both on-site in apartments and in the local community.

At the time of inspection there was no registered manager in post. The service were actively recruiting and have appointed a manager who has applied to register.

People's experience of using this service:

A proactive approach to fitness had some exceptional outcomes. The on-site gym facilities had innovative technologies which supported people to improve their health and wellbeing, above and beyond what people expected. People had regained their mobility and independence, lost weight and reduced the need for some medicines or aids as a result.

An experience co-ordinator provided people with opportunities to follow their interests by re-engaging with them and providing support for people to run their own interest groups and activities. In addition, the experience coordinator provided people with support to transition into or out of services gradually.

Without exception, people we spoke with praised the exceptionally kind and caring nature of their staff. People felt valued and respected by staff who promoted their dignity and wellbeing. Staff had received training in equality and diversity and were knowledgeable about protected characteristics identified in the Equality Act 2010. People were encouraged to celebrate their identity. Some people had been supported to attend 'Silver pride'.

Without exception people praised the quality of the service they received from Belong at Home DCA. People told us they felt safe and were supported by skilled staff who went above and beyond to ensure their needs had been met as they preferred. People praised the way staff actively looked for anything additional they could do during a visit.

End of life care was available from trained staff, the service worked together with community-based health staff and other parts of the organisation, on site, to maximise the potential for people to remain at home if they wished.

The service was well-led, there was a clear commitment to delivering high-quality person-centred care which reflected people's aspirations, hopes and needs. Though there was not a registered manager in post, an area manager had fulfilled this role while the recruitment process was being followed to ensure continuity for the service.

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 the last inspection:

The last rating for this service was outstanding. (published October 2016).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

# Belong at Home Domiciliary Care Agency Crewe

## **Detailed findings**

### Background to this inspection

The 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.

Inspection Team:

This inspection was completed by one inspector.

Service and Service type:

Belong at Home, Crewe is a domiciliary agency. It provides personal care to people living in their own homes. At the time of this inspection there were 31 people receiving a regulated activity, five lived in the Belong Village site and 26 lived in the community.

At the time of inspection there was no registered manager in post. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service was being managed by an area manager whilst recruitment was in progress.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the manager would be available.

Inspection site activity was completed on 9 April 2019. Telephone calls were completed on 23 April 2019. We visited the offices on 9 April 2019 to meet with the manager, review care records, policies and procedures. We also completed two home visits with people who received care from the service on the same day.

What we did before the inspection:

Our inspection plan took into account information the provider sent us since they were last inspected in October 2016. We also considered information about incidents the provider must notify us about, such as abuse or serious injuries. We requested information from Cheshire East Council, who had no concerns.

During the inspection:

We reviewed the care records for three people, spoke with the area manager, general manager, an admiral nurse employed by the provider and four members of staff. We reviewed the recruitment records for three staff. We also reviewed the service's policies and procedures, call visit logs, records of incidents, accidents and complaints and the audit and governance records, we spoke with five people, visited three people in their home and spoke with one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures helped to protect people from the risk of harm and abuse. Staff were trained to recognise concerns and knew how to report them appropriately.
- Everyone we spoke with said the staff always checked if they needed anything else before they left the visit. People felt safe as a result. People said, "I trust the staff implicitly, they do extras, make sure I am alright." And, "Staff are sensational, they saved my life."

Assessing risk, safety monitoring and management

- Positive risk- taking strategies had empowered people to have more control. Risk assessments addressed all the areas of support the person needed assistance to manage. Regular reviews of risks ensured support was provided at the right level.

Staffing and recruitment

- The provider followed robust staff recruitment practices which ensured staff had been recruited safely with all necessary pre-employment checks completed.
- People told us staff always stayed the full length of the agreed visit, one person said, "They never leave without asking if there is anything else they can do." Staff confirmed they had enough time to support people safely.

Using medicines safely

- The service managed people's medicines safely. The provider had a medicines management policy. People had been supported to manage their medicines safely by trained and competent staff. Records reviewed were up to date and reflected good practice.

Preventing and controlling infection

- People were protected from the risk of infection. The provider's infection control policies were followed by staff. Appropriate equipment including, aprons, gloves and hand gel were available and stored in people's homes. We saw staff used these when providing meal support and personal care.

Learning lessons when things go wrong

- The provider had a system to learn from incidents to reduce the risk of them happening again. All incidents had been recorded and investigated, where necessary appropriate authorities had been notified.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service went above and beyond to support people to have optimum health and wellbeing. There was a positive attitude to activity and physical wellbeing. The service had a gym within the village site which people could access. People were supported to set and achieve their fitness goals by an instructor trained in using adapted equipment and bespoke technology. There were exercise programmes to improve balance, mobility and strength. People were able to set goals and follow their progress.
- Two people's experiences had been so positive they had been reported on in the local media. A person over 90 had been admitted from hospital and followed a specialist rehabilitation programme to learn to walk again and regain their independence which meant they could return to their own home. Another person undertook regular exercise using the accessible equipment and no longer needed a mobility scooter. The same person had a significant improvement in a long-term health condition which resulted in them needing less medicine.
- People's health needs had been fully assessed and guidance from specialist health professionals including, catheter care, speech and language therapy, physiotherapy had been included in the person's plan to ensure support was effective.

Staff support: induction, training, skills and experience

- Without exception, people we spoke with praised the knowledge and skills of the staff who supported them. Comments included, "I consider myself very lucky that I can rely on such kind, knowledgeable and experienced people." And, "They know what they are doing and have a clear routine...they do what we need.", Another person said, "They are very capable, all the girls are good."
- An Admiral Nurse was employed by the provider. Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia. The Admiral Nurse worked with Dementia UK to help the staff and families understand the needs of the person they supported and how to access other services. The outcomes achieved were exceptionally positive. One person had been supported to understand and manage information in a way which reduced their anxiety. Another person had signage throughout their home to support them to find their way around. Both people had experienced increased calm and wellbeing.
- Staff received specialist training which supported them to look at the whole person and not just the



diagnosis of dementia. This resulted in more accurate identification of pain, some people's medicines had been reviewed, which had led directly to a reduction in anti-psychotic medicines.

- An experience co-ordinator was employed by the service and contributed to the induction programme for new staff to support them to understand the importance of occupation and meaningful activities. New staff shadowed more experienced staff to ensure they felt confident, and allowed people receiving care to get to know them. One of the staff we spoke with, told us they were very well supported by the team during their induction and had access to a broad range of skills and knowledge.
- Regular supervision for staff ensured their training and development needs were considered and planned for. A new member of staff praised how effectively this had helped them to understand their progress and ongoing development needs.
- Effective team work was central to how the service ensured consistent support was provided. Staff told us they felt able to seek advice and support from more experienced colleagues.

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

- People were exceptionally well supported to meet their nutritional needs. There was a bistro on site offering a choice of balanced meals and snacks which people were able to access if they wanted. The atmosphere was café style and very flexible. We observed a lively sociable atmosphere with people and their visitors being waited on by bistro staff. People could choose if and when they came and did not need to pre-order. The bistro also had events including afternoon teas, pancake days, pop-up restaurants and mothers' day lunch. The Bistro provided a positive atmosphere which encouraged social interaction and promoted healthy eating. In addition people were supported to prepare meals in their own homes.
- The provider assessed people's nutritional needs and the support they needed to meet them. Specialist advice from speech and language therapists was recorded. Where people might be at risk nutritionally, records were kept of their weight and dietary intake and referrals made to the GP and dietician as required.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of inspection no one was subject to restrictions that would amount to a deprivation of liberty requiring legal authority.
- People had signed consent to receive care and support when they began to receive a service. Staff were aware of the importance of people giving consent before providing personal care and support.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same, outstanding.

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

- Without exception, people we spoke with praised the exceptionally kind and caring nature of their staff. Comments included, "The staff are really lovely, always kind and respectful." And, "I have a regular carer and they are a peach, but they are all good."
- Staff understood who had protected characteristics as described in the Equality Act 2010. The service had supported people to attend a 'silver pride' event.

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

- Ensuring people were able to express themselves and participate in decisions about their daily lives was an embedded principle shared by the whole team and had been evident throughout. The service had developed highly personalised communication plans, especially where people may have had difficulty communicating reliably, which maximised their involvement in discussions about their care.
- People felt valued and respected by staff who helped maintain their dignity. Comments included, "The girl who helps me with a shower is really lovely." And, "I have a bath twice week with a carer who is a darling."

When we reviewed a person's care plan we found they included clear descriptions of how to provide more intimate care to ensure their dignity was protected. The person confirmed they always felt very comfortable when staff supported them.

- We observed exceptionally caring and respectful interactions between staff and people using the service. People appeared relaxed and happy and able to chat and share humour. The relationships between staff and service user were on an equal footing.
- What a person could do for themselves, and what they wanted to try to achieve, was recorded which ensured people maintained or improved their independence. People had been encouraged to focus on achieving their goals by regular reviews and progress reports. One person told us, "It's lovely here and I can do some bits for myself."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had been empowered and encouraged to share their skills and experience with each other. There was an experience co-ordinator whose role was to enhance people's lives by re-skilling people, re-igniting their interests and re-connecting them with a social life.
- People had been fully involved in the development of an activities programme which reflected their interests and wishes. One person had set up a model making club to share their skills and enthusiasm. The service ensured this was promoted to encourage others to attend and provided the necessary facilities. A display cabinet of models was being prepared for the foyer of the complex.
- Events and activities were advertised in a bi-monthly 'What's On' publication. The current edition showed a broad range of opportunities, including; Silverfit gym, a history talk, a garden clean up session, flower arranging, pancake day and lady's day. One person had been supported to go on a zip wire and had a future ambition to complete a sky dive. There were also regular trips out to places of interest. There was a vibrant and active atmosphere throughout the service.
- People were encouraged to give talks and presentations to each other. By ensuring people were the driving force behind activities people had significant value to their daily lives and wellbeing. People told us they could drop in and out of activities they fancied.
- People's plans of care reflected their lifestyle, cultural background and identity. A section titled, 'This is me' captured a clear picture of the person's' life experiences, hobbies, interests and talents.
- People had been supported to develop an insight into the service by having taster sessions and experience days which introduced people to the service and its facilities. This had helped people to transition both into and out of the service. One couple with differing needs had been at risk of living separately, however, by working together with the service they had developed their skills and confidence to the extent they could remain together with support from this service.
- When a person's needs changed the service were quick to respond and ensure care remained appropriate. We noted people had been given the opportunity to access the residential and nursing services on site, on a temporary basis to facilitate optimum recovery from short illnesses and hospitalisation. Using the onsite rehabilitation services at the gym had meant people had recovered their skills above and beyond what might have been expected to regain their independence.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers. The service had met this standard by ensuring information was available in a variety of formats.

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

- Everyone we spoke with told us they felt able to raise a concern at any time and were confident they would be responded to in a timely way. Comments included, "I feel at ease to say anything, they are very good and respond quickly to any requests." The provider had a complaints process, we could see this had been followed and lessons learned had been communicated to the staff team.

#### End of life care and support

- The service was committed to providing high -quality, person-centred end of life care. Staff had received training and worked closely with community -based health professionals to provide consistent care. We noted the service worked closely with other parts of the organisation to maximise the potential for people to remain at home and close to the people who were important to them. This included a transfer to stay in the on -site residential or nursing home. This had meant the person's spouse was able to visit daily due to their proximity.
- People had been supported to consider their wishes in relation to end of life care and some people had completed advanced decisions and funeral plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a clear commitment to delivering high-quality person-centred care which reflected people's aspirations, hopes and needs. Though there was not a registered manager in post, an area manager had fulfilled this role while the recruitment process was being followed which ensured continuity for the service.
- The service had met their obligations in relation to the duty of candour. This is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The expectation that people would receive a high-quality of care and support had been embedded in the service by a combination of shared values and robust governance procedures. These ensured staff were aware of the standards the provider expected of them.
- The provider completed regular audits of care records and staff practice. Any issues identified had been addressed and discussed in team meetings or one to one meetings with staff, to ensure lessons could be learned to avoid reoccurrence.
- The provider audited management practice and responsibilities annually and provided a rating and action plan which ensured the service continued to achieve the standards of care they expected.
- Equally the provider celebrated good practice regularly complimenting staff. Staff told us they felt valued and respected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been consulted about their experience of using the service. The provider ensured a variety of formats had been available to maximise the potential for people to respond. People could post reviews on-line, fill in post cards, complete surveys or talk to their carers and the management team. We reviewed the feedback from the most recent customer satisfaction survey. We saw people receiving support from this

service reported being 100% satisfied with the care they received and the quality of their support.

- People's equality, diversity and human rights needs were recognised, valued and upheld. Respect for all people accessing the service was central to the core values of the provider.
- Staff we spoke with were happy in their roles. Comments included, "The best thing about working here is meeting all these beautiful people and hearing their stories." And, "The team works and communicates really well, management are very good and responsive.", and, "I have had a lot of support from managers on site and off."
- Regular staff meetings were held, staff reported feeling able to contribute to these. Minutes were available by email for staff unable to attend.

Working in partnership with others

- The provider worked in partnership with others which enhanced the skills and knowledge in the service. Following the outstanding rating at the previous inspection, other organisations had visited to learn from how the service was established and managed.