

Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis

Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis - 1 Arkwright Suite

Inspection report

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21 November 2018

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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

Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis is a domiciliary care agency. It provides personal care to people living in their own homes in the community and supported living schemes. This arrangement is so that people can live as independently as possible. At the time of the inspection the provider was providing personal care to nine people. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises when people are living in their own home or at assisted living schemes; this inspection looked at people's personal care and support.

This inspection took place on 20 and 21 November 2018. We gave the provider 2 days' notice of the inspection as we needed to make sure the registered manager would be available.

At our last inspection on 7 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment checks took place before staff started work but we have made a recommendation in the 'Safe' section of the report around the need for more robust pre-recruitment checks. The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately, and people were receiving their medicines as prescribed by health care professionals.

Staff completed an induction when they started work and they received training relevant to people's needs. They had received training in infection control and food hygiene and they were aware of the steps to take to reduce the risk of the spread of infections. Assessments of people's care and support needs were carried out before they started using the service. People's care files included assessments relating to their dietary support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives had been consulted about their care and support needs. Most people could communicate their needs effectively and could understand information in the current written format provided. Most of this was provided in an easy to read or pictorial format. People and their relatives said they were confident their complaints would be listened to and acted on. Staff said they would support people according to their diverse needs.

The registered manager and management staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People had access to health care professionals when they needed them.

The provider recognised the importance of monitoring the quality of the service provided to people. They took people's views into account through telephone monitoring calls, spot checks and satisfaction surveys. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good.

Good ●

Is the service effective?

The service remained good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service remained good.

Good ●

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Detailed findings

Background to this inspection

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

This inspection site visit activity started on 20 November 2018. The inspection was carried out by an adult social care inspector.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority responsible for monitoring the quality of the service to obtain their views. We used this information to help inform our inspection planning.

We visited the office location on 20 and 21 November 2018. We met with the registered manager who was also part of the provider partnership, four members of staff and the deputy manager. We looked at four people's care records, staff training and recruitment records and records relating to the management of the service. We also visited two homes where we spoke with four people who used the service.

Is the service safe?

Our findings

Some of the people using the service could not tell us if they felt safe and whether staff treated them well but those that could said they were happy and liked the support they received from staff at the service. A person who lived in a home we visited said, "I know that I am really safe and am looked after."

The provider had procedures in place to protect people from abuse. A member of staff told us they would intervene if they suspected abuse and report any safeguarding concerns to the registered manager or to the local authority if they needed to. They also told us they would use the providers whistle-blowing procedure to report poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people's needs. We checked the staffing rotas; these corresponded with the identities and the number of staff on duty. A member of staff told us there was always enough staff on duty to meet people's needs. The registered manager told us staffing levels were arranged according to people's needs and activities. If extra support was needed for people to attend social activities, additional staff cover was arranged.

Recruitment checks took place before staff started work. We looked at the personnel file of the four members of staff who had started working at the service since our last inspection. We saw completed application forms which included references to the members of staff's previous health and social care work experience, their qualifications and employment history. The files included two employment references, proof of identification and evidence that criminal record checks had been carried out. However, some records of safety checks into staff member's histories were absent from the records. The registered manager told us that the checks had been made but had not been recorded. We were satisfied that checks had been made but they were not extensive enough. In one case, the provider could not be completely satisfied about the integrity of a member of staff even though a criminal record check had been made. These issues were addressed by the provider during the inspection and the member of staff was no longer employed in the adult social care sector.

We recommend that the provider review its recruitment policy and processes. This should incorporate robust checks where potential recruits have incomplete work histories or situations that may be a risk to people using the service.

Action was taken to assess any risks to people. People's care files included risk assessments for example on eating and drinking and accessing the community. The assessments included information for staff about action to be taken to minimise the chance of any accidents or incidents occurring. Risk assessments had been carried out in people's homes relating to health and safety and the environment. The registered manager told us that incidents and accidents were monitored to identify any trends. Where trends had been identified, we saw that people's care records had been updated to reduce the likelihood of the same issues occurring again.

The provider had an infection control policy and procedures in place that were relevant to the homes of people who used the service. We saw records confirming that all staff had completed training on infection control and food hygiene. A member of staff told us that personal protective clothing such as gloves and aprons was available to them when they needed it.

People were supported, where required, to take their medicines as prescribed by health care professionals. At the time of the inspection seven people required support from staff to take their medicines. This was recorded in the people's care plans. We saw medicine administration records (MAR) for four people who used the service. These were completed by staff confirming that people had taken their medicines. Records confirmed that all staff had received training on the safe administration of medicines. Where staff administered medicines to people, the registered manager had assessed their competence in administering medicines. This ensured that staff had the necessary skills to safely administer medicines.

Is the service effective?

Our findings

Assessments of people's care and support needs were carried out before they started using the service. These assessments, along with referral information from social services, were used to draw up individual care plans and risk assessments. People had health action plans which took into account their individual health care support needs. They also had hospital passports which outlined their health and communication needs for professionals when they attended hospital. All of these documents were also provided in an 'easy read' and pictorial format and provided to the people concerned. One person who used the service said, "I have read my care plan and was involved in making it. They also gave me important documents in a type I can understand."

Staff monitored people's health and wellbeing when there were concerns people were referred to appropriate healthcare professionals. For example, where a person required support with their mental health needs this was recorded in their care plan and they had been referred to an appropriate health care professional. Records of health care appointments and visits were kept in people's files explaining the reason for the appointment and details of any treatment required and advice received.

People were supported with their dietary needs. Staff supported people with planning their meals, cooking and shopping. Staff told us that they tried to encourage people to eat healthily. Some people were able to help in the preparation of food and develop their cooking skills. For other people, staff prepared food for them. One member of staff said, "I try to cook all the meals from fresh ingredients to make them as healthy as possible."

A member of staff told us they received regular supervision and an annual appraisal. They said they had completed an induction when they started work and they were up to date with the providers mandatory training. Records confirmed that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance. Records also showed that all staff had completed an induction when they started work and training that the provider considered mandatory. This training included fire safety, health and safety, infection control, food hygiene, emergency first aid, the safe administration of medicines, manual handling, equality and diversity, safeguarding adults and the Mental Capacity Act 2005 (MCA). Staff had also received training relevant to peoples needs for example, autism awareness. The registered manager told us that any staff new to care would be required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of social care workers.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that people had the capacity to make decisions about their own care and treatment. If they had concerns regarding any person's ability to make specific decision they said they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

Is the service caring?

Our findings

One person who we spoke with at a home we visited said, "Staff really care about us. I like them." Another person at the home expressed to us through hand gestures that they liked the staff.

People and their relatives were consulted about their care and support needs. Care records included people's views about how they wished to be supported. People's care records included communication profiles that recorded their specific methods of communicating with staff. When we visited one person who was supported by live in care staff at their home it was evident that the member of staff knew them very well and communicated with them effectively. This person used a language program which uses signs and symbols to help people communicate. When we asked them if they were happy with the care they were receiving they gave us a 'thumbs up'. We observed staff support the person to get ready to attend a medical appointment. They told us the person liked to take their time to do things and did this at their own pace so they didn't rush them.

Care plans included a section that referred to people's diverse needs. The registered manager and staff told us that where people had expressed any religious, or cultural preferences they had always been happy to support them to do whatever they wanted to do. The deputy manager told us they had supported people to attend church and other religious establishments but at the moment no one needed support around this.

People's privacy and dignity was respected. We observed that staff treated people in a respectful and dignified manner. A member of staff told us they knocked on the person's door and asked for the person's permission before entering their room. They made sure they closed doors and drew the persons curtains when the person was getting dressed or undressed. They said they encouraged the person to do as much as they could do for themselves. Where they did offer 'hands on' support, they explained what they were doing and made sure the person was happy to continue. They offered the person different options of what clothes they wanted to wear when they were going out and they made sure the clothing was appropriate for the weather conditions. They offered people a different choice of food at meal times so that they could choose what they wanted to eat. A member of staff also told us they made sure information about the person was not left lying around and was kept confidential at all times. There were no inappropriate things or documents on show in the two homes we visited at the inspection.

People were provided with appropriate information about the agency in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided. This guide ensured people were aware of the standard of care they should expect. When people had difficulty in accessing or understanding the documents, we noted that they were provided in other forms such as pictorial and easy to read formats.

Is the service responsive?

Our findings

People told us the service was meeting their care and support needs. One person said, "I'm very happy with the care and support I get from the carers and head office. One relative said, "They look after my relative's personal care and support needs very well. I get to know everything that is going on and can always speak to someone about any sort of issue. They are marvellous."

People's care files held referral information from the local authorities that commission services from the provider. The referrals included a breakdown of people's care and support needs. The files also included the provider's assessments which covered areas such as eating and drinking and the support people required with medicines, finances and health and safety around their homes. Care plans were developed outlining how these needs were to be met and included information and guidance for staff about how people should be supported. The files showed that people and their relatives, where appropriate, had been consulted about their needs. We saw that care plans were kept up to date to make sure they met people's changing needs. We also saw daily notes that recorded the care and support that staff had delivered to people.

The registered manager told us that some people were able to communicate their needs effectively and could understand information in the current written format provided to them. This included the complaints procedure and the service users guide. Others required essential information in easy to read or pictorial formats and we noted that the service provided this information in these formats when required. We were also told that one person used sign language to express their needs and wishes. The registered manager told us that people used these methods to communicate their needs with staff on a daily basis and with professionals at review meetings.

The registered manager told us there was a matching process in place that ensured people were supported by staff with the skills and training to meet their needs. They told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, staff received training on using equipment where people required support from staff to provide personal care or to move around their homes." One person told us, "I sometimes find it difficult with money and am happy that I am supported by the carers with this."

People and their relatives said they knew about the service's complaints procedure. One relative told us, "I would contact the registered manager if I wasn't happy about things and sort it out with them." The registered manager showed us a complaints file. No complaints had been received since the last inspection. The file included a copy of the complaints procedure and forms for recording and responding to complaints.

The registered manager told us that no one currently using the service required support with end of life care, however they would liaise with health care professionals in order to provide people with care and support if this was required.

Is the service well-led?

Our findings

Comments from people about the running of the service were positive. One person said, "Very happy with the service." Another, who could not communicate orally showed us they were happy with the service and staff by indicating on pictures. A relative told us, "We have a very good working relationship with the registered manager and staff." A member of staff said, "The staff at the office are accessible and see us on an almost daily basis."

The service had a registered manager in post. They had managed the service since it had opened in 2011. The manager was also the registered provider in partnership with their partner. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. A 'living in' member of staff said, "I get really good support from the registered manager and their partner. I love working for them."

The registered manager recognised the importance of regularly monitoring the quality of the service. They showed us completed six month quality monitoring forms they used to monitor the quality of the service that people received. These forms included call monitoring, checks on care plans, risk assessments, people's support guidelines, staff training, supervision and appraisals and accidents and incidents and complaints. They also completed monthly medicines balance checks. The registered manager also showed us records from unannounced spot checks they had carried out on care staff to make sure they were supporting people in line with their care plans.

The service and registered manager worked effectively with other organisations to ensure staff followed best practice. They told us they had regular contact with the care managers and health care professionals and they welcomed their views on service delivery. They attended provider forums run by a local authority where they learned about good practice carried on by other care providers. They said they had used some of what they had learned at the forums to make improvements at the service. For example, they had provided staff with training they had learned was relevant to the people they were supporting.

The service and registered manager took people's views into account through an annual satisfaction survey. We noted that this was provided in any format that people required including 'easy read' and picture/symbol forms. People were asked about how they felt about the service, the quality of the support from carer and the office, and if carers were helpful and polite. Everyone commented positively in response to these questions. The registered manager told us that the service user's survey had just been carried out and feedback from people was currently being analysed. We saw the work that had already been done on this and noted that an issue with one person who preferred their support being provided in a certain way had already been implemented. One person said, "I feel really well supported and part of a big family including carers and bosses at head office."