

Bella Home Care Ltd

Bella Home Care

Inspection report

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Tel: 01926259463

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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

This inspection took place on 29 November 2017. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service and talk with staff on the day of our inspection visit.

Bella Home Care is a domiciliary care agency, registered to provide personal care and support to people living in their own homes. The service operates across Leamington Spa, Warwick and Kenilworth. The service provides care to elderly people, and people with disabilities. There were 125 people using the service at the time of our inspection.

We previously carried out an announced comprehensive inspection of this service in September 2016 when we found two breaches of the legal requirements and the service was rated Requires Improvement overall. We returned in April 2017, when we conducted a focussed inspection in the key areas of Safe and Well-led to check what action the provider had taken in respect of the breaches. At that inspection we found the provider had taken sufficient action to meet the regulations but further improvements were still required to ensure people always received their scheduled calls. The service therefore remained rated as 'Requires Improvement' overall. You can read the report from our last two inspections by selecting the 'all reports' link for 'Bella Home Care' on our website at www.cqc.org.uk.

Since our inspection in April 2017 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The service is required to have 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 and associated Regulations about how the service is run. At the time of our inspection there was an experienced registered manager in post. We refer to the registered manager as the manager in the body of this report.

On this inspection visit we found sufficient improvements had been sustained to people's care and safety and in the governance of the service for the provider to meet the regulations, and for the service to be rated Good in all areas.

Staffing levels had been increased and people told us they received their calls on time. All necessary checks had been completed before new staff started work to make sure, as far as was possible, they were safe to work with the people in their own homes. People were supported by a staff team that knew them well, as the provider did not use temporary staff.

Staff received training and had their practice observed to ensure they had the necessary skills to support people. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence.

People had been consulted about their wishes at the end of their life. Plans showed people's wishes about the medical interventions they had agreed to.

People received their medicines as prescribed to maintain their health and wellbeing. People were supported to access healthcare from a range of professionals, and received support with their nutritional needs. This assisted them to maintain their health.

People told us they felt safe with the staff who supported them and that staff were kind and attentive to their needs. Prior to using the service people were assessed to ensure the service could meet their needs and people told us they felt involved in decision-making about their care and support.

Staff enjoyed working at Bella Home Care and were complimentary about the support they received from their managers. Staff felt supported by the management team through regular meetings. There was an 'out of hours' call system in place to provide management support and advice to staff at all times.

Managers and staff understood the principles of the mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been completed for people who needed them. These showed what decisions people could make for themselves, and which decisions needed to be made in their 'best interests'. Staff respected the decisions people had made and gained their consent before they provided care.

There were systems in place to gather people's feedback through annual surveys. The information had been analysed and action had been taken in response to feedback. People knew how to make a complaint and there were systems to manage complaints and look for trends and patterns, which could highlight improvements.

The provider had effective quality assurance procedures to assess and monitor the quality and safety of the service people received. Risk assessments managed the risks associated with people's safety, health and well-being.

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.

People told us there were enough staff to meet their needs. People received their medicines as prescribed. Risk assessments and risk mitigation plans were in place to minimise the risks associated with people's care. People told us they felt safe when receiving care and support. Staff knew how to raise concerns and safeguard people from potential harm.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People were supported to see healthcare professionals when needed. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with care and kindness.

Is the service responsive?

Good ●

The service was responsive.

People had personalised records of their care needs and how these should be met. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so action could be taken to make improvements. End of life care planning involved people in decisions that took into account their wishes and preferences.

Is the service well-led?

Good ●

The service was well-led.

The provider had ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received. Staff felt supported by the management team. People told us they were asked for their feedback on how the service could improve.

Bella Home Care

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 was 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 visit took place on 29 November 2017 and was announced. We gave the provider 48 hours' notice we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with staff. The inspection was conducted by one 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 care service.

Prior to the visit we spoke by telephone with 13 people who used the service and 13 people's relatives. During the visit we looked at the care records for four people and two staff records. We looked at other records related to people's care and how the service operated including the services' quality assurance audits and complaints. We spoke with the registered manager, the care manager, the staff member responsible for training and three members of care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Commissioners did not raise any on-going concerns with us.

Is the service safe?

Our findings

At our previous inspection in September 2016 we rated the service as Requires Improvement in Safe. This was because we identified suitably qualified, skilled and experienced staff were not always available to meet people's needs. When we returned in April 2017 we found some improvements had been made, but further improvements were required to ensure people consistently received their scheduled calls as planned. At this inspection people told us they always received their scheduled calls, and usually at the time they were expected. The rating is now Good.

People told us there were enough staff employed at Bella Home Care, and the majority of the time they received their calls on time. A typical comment was, "Staff have only been late a couple of times, and each time, someone from the office has called to let us know what has happened and to make sure that we are alright to wait." People told us staff always stayed for their allotted time, and remained with them if they needed any extra support. One person commented; "They always stay for their full time and are often over that by the time they leave."

People told us where two staff were needed to support them, two staff always arrived and they were always supported safely. One person said, "Because I am paralysed I need two staff. I have had them for nearly a year now and it has always been two that have come."

Since our previous inspection the provider had ensured there were enough staff to meet people's needs. They had recruited additional staff, and had an on-going recruitment campaign to ensure staffing levels did not drop below a minimum level. As the provider did not use temporary staff, people were supported by consistent care staff. A relative told us, "It's really important that mum has just a couple of regular carers who understand her, because of the extent of her dementia. She gets very agitated around strangers. We explained this and they [Bella Home Care] have managed to keep her carers stable throughout. I've been very pleased with them."

The provider was utilising an electronic call monitoring system to monitor the arrival and departure of staff at people's homes. The manager used the information generated to highlight where staff had arrived late, or left calls early, and the reasons why this occurred. The information showed the arrival times of care staff had improved, and there had been no missed calls since our previous inspection.

At this inspection people told us they felt safe. Comments from people included; "I do feel safe, the staff are very good. They are careful and gentle with me and lock up properly when they leave" and, "They never intrude on anything about the house, this makes me feel confident and safe with them."

The provider had safeguarding procedures to protect people from the risk of abuse and safeguard them from harm. All the staff knew and understood their responsibilities to protect people and keep them safe. The training assisted staff in identifying different types of abuse and staff told us they would not hesitate to inform the manager, or the provider, if they had any concerns.

People were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Care staff told us they regularly attended infection control training and were always provided with the correct personal protective equipment (PPE), such as gloves and aprons. Staff told us they always wore PPE when providing personal care to protect people from cross contamination and infection. Most people confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home. A person said, "They [staff] definitely wear gloves when doing my personal care and applying cream." Only one person told us their regular care worker did not wear PPE, usually when they were cleaning a commode.

Risk assessments were in place to identify potential risks to people's health and wellbeing. We looked at risk assessments for three people and found these were detailed and clearly showed how staff should manage risks to people's safety. These assessments helped keep people and staff safe when delivering care. For example, one person was at risk of falling due to their limited mobility. Risk assessments showed what equipment the person should use, such as a walking stick and walking frame, and when these were appropriate. The risk assessment and mobility plan was signed by the person, to demonstrate their agreement to the arrangements.

People told us they received their prescribed medicines on time, and in accordance with their prescription. Comments from people included; "They [staff] get them all out and help me take them with a glass of water. I do struggle to swallow the larger ones but they coax me gently and ensure I have taken them safely. I always have them on time and my blood pressure and cholesterol has come down thanks to them."

Each person had a medicine administration record (MAR) when staff supported them to take their medicine. We checked the records of two people, which showed staff completed the records consistently when people were given their medicine. All staff who administered medicines had regular training on how to do this safely. The trainer, and a senior care worker, completed observations of how staff handled and administered medicines to check they were competent to do so following their training.

The provider had monitoring systems to record any accidents and incidents that happened to people who used the service or to their staff when delivering care. The monitoring systems identified any patterns and trends arising from such concerns, so appropriate action could be taken to mitigate against any future risks.

Is the service effective?

Our findings

At our last inspection we rated effective as Good. At this inspection we found staff had developed their skills and continued to provide effective care to people. The rating continues to be Good.

People told us how care staff used their skills and experience to support them safely, making sure people had the equipment they needed. For example, one person told us staff always helped them get their walking equipment, before supporting them to move around. They said, "They [staff] are all very good. They help me get my walker to stand, and make sure I am safe getting around." Another person said, "They [staff] always make sure I am safely supported so I don't fall over."

New staff members were provided with effective support when they first started work at Bella Home Care. They completed an induction to the service and started working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. New staff told us they spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. Training was delivered according to the needs of the people staff supported. For example, where people had a hearing impairment, staff were supported to learn basic sign language. The provider invested in staff training by providing an on-site training room, a designated trainer and opportunities for staff to complete nationally recognised qualifications. We spoke with the designated trainer. They explained staff had completed, or were in the process of completing, level 2 or 3 qualifications in health and social care to benefit the people who used the service. Training records reflected what the provider and the trainer told us.

Staff were supported in their roles by a system of meetings and yearly appraisals. Staff confirmed regular meetings with their manager provided an opportunity to discuss personal development and training requirements.

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives, and involved discussions on each person's individual needs such as their mobility, likes and dislikes. One person told us, "We were asked about how many visits we wanted, at what times and whether we preferred male or female carers. We've also been encouraged to let the office know if we don't get along with any particular carer."

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the

Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the MCA and knew they could only provide care and support to people with capacity who had given their consent. People told us staff always asked for their consent before doing things. One person said, "Oh yes, they never do anything without asking me first."

The manager understood their responsibilities under the Act and were aware of the procedure they needed to follow to refer people for community DoLS. We saw mental capacity assessments had been completed for people who lacked the capacity to make all of their own decisions. Appropriate discussions had taken place with those closest to the person to ensure any decisions made on their behalf were in the person's best interests. The outcomes of these discussions were recorded.

Consent forms had been completed for areas such as staff using people's key safes and administering medicines. Key safes are secure coded boxes where people's keys are kept, so care staff can access their property, if people cannot answer the door themselves.

People we spoke with managed their own healthcare or relatives supported them with this. The manager told us the service was flexible and could support for people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed care workers involved health professionals in people's care when required, including district nurses and GPs.

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. One person told us, "They [staff] cook an excellent breakfast which makes my day! They do my shopping for me. I give them a list and they get what I require." Another person commented, "My carers make all my meals for me. I always get asked what I would like and if I have it, they will prepare it for me."

Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were suffering with a condition such as diabetes. One person explained how staff supported them to maintain their health, "They get me breakfast and cook a meal at lunch time. In the evening they will get me a snack if I want one. I am diabetic and cannot have sugar or fat, they know this and make sure I have sugar and fat free."

People also said that staff assisted them with drinks, and made sure these were to hand before they left their home. This supported people with their hydration, especially if they were unable to move around their home independently. One person explained, "I am quite comfortable and settled before they leave with everything close to hand like drinks." Another person said, "Staff encourage me to drink more and will always leave me with a hot drink just before they go, and also make sure that I have a glass of water to hand until the carer comes back later on in the day."

Is the service caring?

Our findings

At our previous inspection the service was rated Good in Caring. The service continues to be rated Good, because people told us staff were caring and friendly, which met their needs.

People and their relatives described how staff showed they cared and respected people. One person said, "Staff never rush me. They never quibble if I am slow, even stay overtime if they have not completed doing everything due to my condition, and show a complete caring attitude with everything they do for me." Another person said, "Staff even warm my pyjamas by the fire in the evening before putting them on for me, how good is that!"

People particularly valued their friendly interactions with care workers. Comments from people included; "The days can be very long at home, which is why it's nice just to see a friendly face a few times a day" and, "It is like having friends coming into my home now, and it just breaks up a long day when you have a nice friendly person to have a chat with coming to visit you."

Staff supported people to make everyday choices about their own care. One person told us, "If they [staff] come in on one of my shower mornings and I really don't feel like having it, they never make a fuss and will just find extra jobs to do for me while they are here. I still have choice over what happens every time they come."

The provider was introducing new care records which would ensure people always received care that was individual to them and their personal circumstances. During the preliminary assessment people would be given the opportunity to discuss things that were important to them such as their family arrangements, their disabilities or their gender preferences for the staff who were going to support them. This would be revisited at regular reviews of their care to ensure care plans were always based on the values of the person and the outcomes they wished for their care.

Communication assessments in care records detailed what support people needed to help them communicate, For example, whether they had good eyesight and could see large print, but not print in newspapers and books or whether they needed glasses and when these should be worn. They also provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation. One person told us, "Staff talk in a nice clear understanding way, they are chatty and polite." Another person told us, "They always speak clearly and explain things."

People were supported to read their own care records if they wished to. Where people had visual impairments or had requested it, information was provided in large print in some sections of the care records to make sure it was accessible.

Staff described how they respected people's privacy and dignity. For example, they waited outside the door when people were using the toilet and they covered people with towels when they assisted them with

personal care. One person said, "They [staff] make sure that I am covered when applying cream, which is respectful. They let me wash myself where I am able to do so making sure I am covered and have a towel to dry." Another person said, "They [staff] always ensure I am covered and that the door is closed behind us when washing and dressing me."

Staff understood the importance of maintaining people's confidentiality. Staff told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the Bella Home Care office. Only authorised staff had access to this information.

People told us staff enabled them to maintain their independence. One person said, "They enable me to stay at home." A relative commented, "[Name's] carer helps her cook meals, because it's important to mum that as long as she is relatively capable, she wants to continue doing it. Her carers are very patient with her."

The care manager told us all people who received a service had a relative or friend to advocate for them, and help them make decisions. However, they were aware people may want to gain independent advice and support. They had recently circulated advocacy information to people to make them aware of how they could access this type of support. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to help them to make an independent decision.

Is the service responsive?

Our findings

At our previous inspection, when we inspected against this key area, we rated the service as Requires Improvement. This was because people did not always receive personalised care that responded to their individual needs. At this inspection the provider had taken action to ensure people received a responsive service and the rating is now Good.

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. Comments from people included, "When I ask them to do any extra jobs, staff are all very kind and no one has ever said they weren't prepared to do something", "There are often extra jobs that I need help with and my carers never mind me asking. Before they go they always ask me if I'm sure that there isn't anything else I need help with."

People and their relatives told us they were happy with the care they received, in part due to the consistency of regular care staff. One person told us, "I am very satisfied. I have a total of three different carers and I feel like they are friends now." Another person told us, "Because I just have a couple of regular carers who have been looking after me for a long while, they really know me well."

Care plans contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. Care records were up to date, and reviews of care packages took place every six months. People told us staff wrote information in the daily records kept in their home, so that other care staff always knew what care they had received. One relative told us, "When I visit [Name] I like to see what has been written in the notes. I have been impressed with how full and detailed these are. Certainly, for a new carer coming in, they'd get a good idea of health conditions and needs."

One persons' relative told us how responsive the Bella Home Care team were when people's needs changed saying, "Their response is excellent. We have recently had to change [Name's] care plan and hours, they were very good in responding and accommodating us."

Where people had this included in their care package, staff assisted people to access interests and hobbies, or go out in their local community. One person said, "Bella can help with getting to appointments."

The provider had developed electronic monitoring systems to record their communication and interaction with people who used their service. We saw this system was being used to record communication between people and office staff and the information on the system was regularly checked to ensure messages, health referrals and suggestions were reviewed promptly.

We found people had some end of life care arrangements in place. The arrangements included decisions that had been made regarding whether people should be resuscitated following a cardiac arrest. These records were reviewed to ensure they had been discussed with people and their relations, and whether they remained valid as people's health changed. Staff were provided with emergency procedure information, so that they knew what to do in this type of emergency.

People confirmed they had been given leaflets and the complaints policy was included within the information guide which was located within their homes. There were systems in place to manage complaints about the service. Complaints were consistently recorded, and the manager analysed complaints to look at any patterns and trends, and areas which might indicate where lessons could be learned. A typical comment from people was they had never needed to make a complaint, or that they were completely satisfied with the service they now received. One person said, "Oh yes I have no complaints. They are careful and gentle with me when getting me dressed due to my arthritis and I have no complaints at all about them."

Another person explained they had complained about a particular member of staff in the past, but this had been resolved to their satisfaction. They said, "They don't come anymore and the company appear to have sorted the issues out. I am happier now."

Is the service well-led?

Our findings

At our previous inspection we rated the service as Requires Improvement in Well-led, as we found monitoring systems and procedures did not always highlight areas where improvements were needed. At this inspection we have rated Well-led as Good.

People told us the service was well-led, and improvements had been made at the service in the last twelve months. Everyone told us they would be happy to contact a manager or member of staff by calling the office, if they needed to. One person said, "I think it is well run and I have no issues at all with any of them." Another person said, "We are very happy with them. We have a good routine going now and it all runs well."

Since our previous inspection we found the provider and manager had taken action to improve the quality of the service. Staffing numbers had been increased, and an on-going recruitment campaign ensured people received care from consistent staff. Established auditing systems highlighted where standards could be improved, and people told us they were able to feedback on the quality of care they received through regular contact with staff and annual quality assurance surveys. The results of the most recent quality assurance survey showed people were satisfied with the care they received.

The provider ensured staff worked in accordance with the policies and values of the service. All staff had been reminded of the importance of correctly following procedures. Auditing procedures had been updated, and dedicated time had been set aside so managers and senior staff could conduct regular checks on staff performance. Following these changes, staff who did not follow procedures were disciplined.

Care records had been improved, and a new format of care records was being introduced as people's care packages were reviewed. New care records provided staff with more detailed risk mitigation information, and more information about the preferences of people.

Monthly audits were undertaken to check a range of information, which included staff timesheets, arrival times, daily records of people's care, and medicines records. MAR records and daily records were brought back to the office every month to conduct a full audit. We reviewed the audits from the previous month. These audits showed a significant improvement since our last inspection in the way staff recorded the administration of medicines.

Staff were monitored and supported using a range of techniques including regular meetings with their manager, their team, and observed practice, which the provider used to assure themselves people received a safe service from staff.

Staff told us the managers always provided advice over the telephone, or they could go into the office and speak face to face with them if they needed to. The manager operated an open door policy, and staff were expected to call into the office at least once a week, usually on a Friday. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours. This made staff feel their managers were available when they needed support.

We saw a clear management structure was in place. The manager was experienced and had been in post for several years. They were supported by a care manager, care coordinators, a senior care worker and a designated trainer. Staff felt valued by the provider and told us they were supported by their managers. Staff told us they had regular meetings with their managers to discuss how things could be improved, and to discuss how monitoring processes were highlighting areas where improvements were required. For example, staff had been involved in discussions about the correct use of monitoring systems and how they could improve call times.

The provider had an improvement plan to further develop the service they provided. This included the on-going review of care paperwork, to show more detailed information about people's preferences and support needs. The provider was also investing in the development of staff by enhancing their existing training programme.

The manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people, making sure their needs were fully assessed to get the right care in place. We saw the manager and staff also worked in partnership with other care agencies, to support people together in the community