

Bella Home Care Ltd

Bella Home Care

Inspection report

4 Manor Farmhouse
Lime Avenue
Leamington Spa
Warwickshire
CV32 7DB

Tel: 01926259463

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Bella Home Care is registered to provide personal care and support to people living in their own homes. The service operates across Leamington Spa, Warwick and Kenilworth. There were 120 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. This was because of staffing levels and the governance of the service. As a result of the breaches and the impact this had on people who used the service, we rated the key questions of 'Safe' and 'Well-led' as 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Bella Home Care' on our website at www.cqc.org.uk.

After the comprehensive inspection, the provider sent us an action plan to say what they would do to meet the legal requirements in relation to each breach. We undertook a focused inspection on the 5 April 2017 to check they had followed their plan and to confirm they now met the legal requirements. We gave the provider 48 hours' 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.

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 made to people's care and safety and in the governance of the service for the provider to meet the regulations. Staffing levels had been increased, and the majority of people received their calls on time.

The provider had introduced a number of quality assurance systems and processes to check the quality of service they delivered, which included staff monitoring systems and medicines checks.

However, the feedback we received from people was not consistently good, and improvements needed to be sustained and developed, to ensure people always received their scheduled calls.

Although the provider is now meeting the regulations, the service continues to be rated 'requires improvement' in the areas 'Safe' and 'Well-led'.

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 was not consistently safe.

Planned improvements had been implemented at the service to recruit staff and monitor staff arrival times. However, improvements needed to be built upon, to ensure people always received their scheduled visits at the right time.

People had their prescribed medicines available to them and were supported to take these by trained staff. Records of people's medicines were consistently completed by staff, and audited by managers to check people received their prescribed medicine.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Whilst improvements had been implemented to improve auditing procedures around medicines administration, medicines recording and the monitoring of staffing levels; quality assurance systems and processes needed to be maintained, embedded and improved to ensure the service is delivered consistently.

Requires Improvement ●

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 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.

We undertook a focused inspection of Bella Home Care on 5 April 2017. This inspection checked that improvements to meet legal requirements planned by the provider after our comprehensive inspection in September 2016 had been made. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?' This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by one inspector and was announced. We gave the provider two days' notice so they could ensure staff were available to talk with us.

Before our inspection we reviewed the information we held about the service, this included statutory notifications, information shared with us by the local authority, and the provider's action plans, which set out the actions they would take to meet legal requirements. A statutory notification is information about important events which the provider is required to send us by law.

As part of our inspection we spoke with 16 people who used the service, and seven people's relatives. We asked them about the care they received between September 2016 and March 2017, to see whether the service they had received had improved in this period of time.

We spoke with the registered manager, a senior care worker, a member of care staff and the provider.

We reviewed a range of records, these included care records for four people, medicine administration records, daily records and quality assurance checks.

Is the service safe?

Our findings

Over the course of two previous inspections, one on 30 September 2015 and one on 9 September 2016, we identified suitably qualified, skilled and experienced staff were not always available to meet the needs of people using the service. This resulted in people not receiving care and support at the agreed times and for the agreed length of time. This was a breach of regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. At this inspection we found improvements had been made, but further improvements were still required.

The provider had an electronic call monitoring system to monitor the arrival and departure of staff at people's homes. We found the manager was using the information generated from the new system to highlight where staff had arrived late, or left calls early, and the reasons why this occurred. Analysis of the data from the call monitoring system also showed whether any calls had been missed. The manager told us, "Our arrival times have improved over the last few months, staff are using systems to monitor this, and we are confident we have been able to improve."

At our previous inspection we highlighted staff did not always use the call monitoring system. Following that inspection, the manager had taken action to ensure staff used the system. The manager had completed additional staff training, staff briefings and sent out newsletters to ensure staff knew the importance of using the system. If they did not comply, disciplinary action would be taken against them. Performance management meetings had taken place with staff who had failed to use the system. Some staff had been disciplined; other staff had left.

It had been recognised that in rural areas, the call monitoring system was not always available for staff to use, due to rural signal issues for mobile phones. Where this was the case, the manager had encouraged people to let staff use land lines, at no charge to the person. The manager said, "We always try to contact people if their call can't be completed on time and make arrangements for the call to be carried out as soon as possible. However, because of the rural locations of some of our scheduled calls, mobile signals are not always." The provider was looking into a different mobile provider in the area to see whether changing to another provider could resolve the issue.

The provider had undertaken a recruitment drive to recruit more staff. This had enabled the manager to employ two new members of staff to specifically cover calls at weekends. Two other newly recruited staff were completing their induction. We asked how this had benefitted people. The manager told us, "The two new permanent weekend workers mean people have a consistent staff team who know them well." A member of staff told us, "The two new weekend workers both drive. This has made a big difference at weekends to rotas."

The manager and provider explained they did not take on any new calls for people, unless they were sure they could meet people's needs. The provider told us, to be more responsive to their existing clients, they had also reduced the number of people they supported who were referred and funded by the local authority. This provided them with more flexibility around the availability of staff.

The provider and manager told us they believed staffing levels were good and had improved since their last inspection. In holiday periods Bella used staff who had previously been employed by them. They told us all scheduled rotas were covered by existing staff, and these occasional workers were only used for holidays and sickness. In this way they could be sure staff had the right skills and values. The manager told us, "Recruitment of staff continues. We are always looking for staff with the right skills and values to assist our team." We found staff vacancies were being advertised on Bella Home Care's website.

The provider had introduced a spot checking system to assure themselves people received a safe service from staff who arrived when they were expected. A senior care worker visited people's homes to observe staff practice; a senior care worker who conducted the checks told us, "We started checks in December 2016. We use the information for performance management, and to see whether calls are being made on time. The checks have already been changed to allow us to record more information, as we are learning from previous checks." They added, "We are aiming to 'spot check' staff every three months."

We reviewed ten 'spot checks' records, which included when staff arrived at scheduled calls and when they left. Where it had been identified in 'spot checks' the member of staff was late for a call, an investigation was undertaken to establish the reasons why. The manager utilised this information to monitor whether travelling times, or other factors, needed to be taken into account when scheduling call rotas.

The manager had undertaken a review of staff rotas, to schedule calls closer together. They said, "I have taken over the scheduling of staff rotas to ensure there are always enough staff." The manager was working one day a week away from the office to ensure they had dedicated time for this work, and to conduct quality assurance checks.

Most of the people we spoke with told us they had only regular care staff now. Comments from people included; "I've got the same carer all the time, we get on like a house on fire" and, "Everyone who walks through the door, we know now. Six months ago we didn't."

One person said, "My regular carer is excellent. I have insisted I see them all the time. When they are not available the office staff try to replace them with an experienced colleague, and they tell me who that will be." Some people told us, if they did not have their regular care staff for any reason this unsettled them and the consistency of the care they received varied. One person said, "They [staff] are mostly regular, we do get new ones; that can be frustrating if they don't know what to do." The manager told us, "Unfortunately we can't always send the same staff, due to sickness and holidays. We try our best to send experienced care staff who know people's needs."

Most people told us in the months prior to our visit the service had improved. Comments from people included; "I suppose it has got better", "I tend to get regular carers at the weekends, which is much better", "There seems to be more staff now", and "It's improved, we don't get missed calls now."

However, around twenty per cent of the people we spoke with told us they still received the occasional missed call and the arrival times of care staff remained inconsistent. One person told us any late calls tended to be at weekends or when there were stand-in carers. We noted that this was where the manager had concentrated their efforts to recruit more staff.

Several people told us they were unsure what the set time was, when staff were due to arrive. One person said, "I like them to come between 7.00am and 8.00am, however, there have been times when they are late and I have to ring up to find out what has happened." One person told us a recent morning call had been missed, and care staff did not arrive until 11.45am.

The manager confirmed one care call had been missed in the two months prior to our inspection visit. They explained a member of staff had called in sick at short notice, and one person had not received their morning call until 11.45am, when another carer became available to support them. A misunderstanding had occurred with the replacement carer about the timing of the call. The manager told us the person and their relative had been contacted following the mistake, to explain what had happened.

We asked people what the impact was to them, or their relations, if care staff did not arrive on time. One person told us they struggled to get themselves out of bed and ready for the day. Another person said, "If I have a late call it's difficult for me getting into bed." Three people said they would miss eating when they usually ate if care staff were late or earlier than usual, which affected their appetite. One person explained their relative may be left in uncomfortable clothing which could affect their skin if staff were late.

We received mixed feedback from people about whether they were informed by care staff if they were running late. Around half the people we spoke with told us staff informed them if they were going to be late. One person said, "They tell me when they are going to be late, as long as I know, I don't mind." However, people also told us they would ring the office to find out why staff were late.

One person told us their evening call was an hour earlier than they would like. We spoke with the manager who explained, "Sometime we are asked to take on people's care packages by the local authority, and we can't always accommodate when people want their call time. We try to explain what we are able to provide. We keep times under review with people, when we can we would always try to meet their preference." They added, "Sometimes it is difficult to meet people's needs at weekends and at holidays, because some people ask for a change in their usual time of call, as they don't want an early start to their day. The request unfortunately can't always be met."

Overall, we found the provider and manager had made enough improvements at the service to meet the regulations. Improvements needed to be maintained, along with staffing levels, to ensure staff always made their scheduled calls and arrived within half an hour of the agreed call time.

During our last inspection we found medicine administration records (MARs) were not always completed by staff to record when people had received their medicines. In response the provider had arranged for medicines training to update all staff on how medicines should be administered safely. The trainer, and senior care worker, completed observations of how staff handled and administered medicines to people to check they were competent to do so following their training.

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 medicines. Following these changes, staff who did not follow procedures were disciplined. In addition, the provider's medication policy had been reviewed and updated. The provider also introduced regular 'spot checks' on staff performance, to ensure they remained competent to administer medicines.

Each person who was supported with their medicines MAR that documented the medicines they were prescribed. MAR records were checked regularly in people's homes, to ensure staff were recording when people had their medicine. MAR records were brought back to the office every month to conduct a full audit. We reviewed the audits from January and February 2017. These audits showed a significant improvement since our last inspection in the way staff recorded the administration of medicines. The manager told us about further planned improvements stating, "We are in the process of changing our MAR records, to ensure that when people refuse their medicines, or medicines are not given for other reasons, the staff member has a code letter they will use to show what has occurred."

Most of the people we spoke with told us they received their medicines when they should. Comments from people included; "Medication is always given to me on time, the same time every day", "[Name] is given their tablets in the morning. Staff see they've taken it before they leave", "They [staff] are very careful in the way they monitor my medication and record what I have taken. I have no concerns about this at all." Only one relative told us there had been a recent mistake with their relation's medicine, they said, "On one occasion a new carer failed to give my relative their morning medication. There were no serious consequences to this oversight, the next carer sorted out the problem (when they checked the MAR sheets)."

The provider had safeguarding procedures in place to protect people from the risk of abuse and safeguard them from harm. All the staff knew and understood their responsibilities to keep people safe and protect people from harm. Staff told us their training assisted them in identifying different types of abuse and they would not hesitate to inform the manager, or the provider, if they had any concerns. One member of staff told us, "We have regular training to recognise the signs of abuse and we have a policy to keep people safe." They added, "If the situation was not addressed I would then escalate my concerns and report it myself to the safeguarding authority and the CQC."

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.

Risk assessments were in place to identify potential risks to people's health and wellbeing. We looked at risk assessments for three people. All had been reviewed in-line with the provider's policy. These assessments helped to keep people and staff safe when delivering care. The provider had contingency plans for managing risks to the delivery of the service in an emergency. For example, people's home environments had been assessed to keep them and staff safe. There was guidance for staff to follow in the event of an emergency such as, a gas leak or a flood was in place.

Is the service well-led?

Our findings

At our previous inspection we received mixed feedback from people regarding whether the service was well-led. More than one person told us the manager could be difficult to contact. On this inspection we found people's feedback had significantly improved. Everyone told us they could reach a manager or member of staff in the office when they needed to. Comments from people included; "They [staff] seem to listen", "There is always someone there" and, "They [staff] are all approachable."

Most of the people we spoke with were happy with the service they received, especially from regular care staff. Comments from people included, "I am pleased with service, it's efficient" and, "I am very pleased with the care I receive from my regular carer."

At our previous inspection, we found staff did not always arrive on time, and there were insufficient staff to always meet the needs of people who used the service. In addition, we found staff did not always use the call monitoring system, so that the manager could check the times they arrived and left their scheduled calls. At this inspection we found staff were now using the call monitoring system, where possible, to record the time they arrived and left scheduled calls. The manager had introduced monitoring checks to ensure staff were arriving and leaving calls on time, and were tracking late and missed calls, to establish why these occurred. Action had been taken to reduce the number of late and missed calls, and to recruit new members of staff.

The provider had analysed staff retention to see whether there were any concerns. Staff retention figures were high. Staff who left the service were now offered an exit interview to ensure any concerns about why they were leaving would be picked up, and if necessary action taken.

The provider had previously reviewed staff payment arrangements, to encourage staff retention. As part of this package staff who did not drive were provided with bus passes to use local transport, or were supplied with an allowance if they used a bicycle.

One person commented that although things had improved recently regarding having a regular member of staff who arrived on time, they were not confident this would continue. They said, "Now we're back to a regular carer, but I'm not confident this will stay." Another person said, "I do feel they [Bella] are given a bit of a shake, then it (the quality of service) drifts again backwards and forwards."

Four people told us they were not always contacted when care staff were going to be late, and they felt communication could be improved. One person said, "Lateness has improved, occasionally we are telephoned if carers are going to be late, but this courtesy should happen every time." Another person said, "The daytime carers very rarely let me know if they are going to be late. It can be very frustrating if I am planning to go out."

During our last inspection we identified people's medicine records were not consistently completed by staff, and the checks that took place to identify gaps and errors were not effective. During this inspection we

found the action the provider had taken to improve the recording of medicines had been effective. Auditing of medicines records had been implemented, so a full check of people's records was done each month. In addition the provider had introduced regular checks of records whilst they were in people's homes, and additional 'spot checks' to ensure any errors in recording were picked up promptly by staff.

Staff filled in records in people's home each time they received support. Most people told us their care records, which were kept in their home, were kept up to date. Comments from people included, "They [staff] record the care I receive, all the details" and, "The care record is always up to date, they come and collect them and take it to the office about once a month."

Only one relative told us they felt their relation's care records were not updated in a timely way saying, "The records need updating, because when we get a new carer the records don't show the care [Name] needs now."

We received mixed feedback about whether people had regular reviews of their care needs, and were asked for feedback about the quality of the service they received. Most people told us they were contacted by senior staff at Bella Home Care to ask for their feedback, and review their care needs. Some comments from people included; "My carer would know if anything changed", "Someone comes out occasionally and asks questions", and, "I've had an occasional phone call ... usually from the office manager ... this is about every 6 months. They ring to check that all is good."

We found that senior care staff visited people regularly to review the care they received; however, this was whilst they delivered personal care and support to people. This meant people did not always recognise this as a review of their care.

People said they received a yearly questionnaire asking about their care. However, three people said they would like to hear about the results of these questionnaires and other people's feedback, because it had not previously been shared with them. The provider told us they were due to complete their next yearly questionnaire in April 2017 and would share the outcome with the people who used the service.

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

We found the provider and manager had taken action to improve the quality of the service, and had developed audits and checks to maintain the improvements. The provider was now meeting the regulations. However, established systems needed to be maintained and developed over time to ensure the service continued to improve and standards continued to be met, as peoples' feedback was not consistent.

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.

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 regarding the checking of medicines records to understand their role and how records could be developed further.