Bailey Employment Services Limited

Bailey Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 and 4 November 2016 and was announced.

Bailey Care Services Domiciliary Care Agency (DCA) provides personal care services to people in their own homes. At the time of our inspection 32 people were receiving a personal care service.

There was not 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.

People's care plans did not always contain information guided by the principles of the Mental Capacity Act 2005 (MCA). Staff had completed training in relation to MCA but were not always able to understand the principles underpinning it.

People's individual medication administration records (MAR) were not always accurate or documented when staff had assisted people with their prescribed medicines. Not everyone had up to date or accurate risk assessments in place.

The provider conducted regular audits to monitor the quality of the service. These were carried out by the operations manager and the provider. However, the service's quality monitoring systems were not always effective.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff spoke positively about the support they received from senior care staff and the provider. Staff had access to effective supervision. People told us and staffing rotas confirmed there were sufficient staff to meet people's needs.

The provider shared the visions and values of the service and these were embedded within service delivery. Accidents and incident were investigated. Learning from accidents and incidents took place which promoted people's safety and quality of life.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some people did not have accurate risk assessments in place to guide staff on how to reduce risks.

Medication administration records (MAR) were not always accurate or documented when staff had assisted people with their prescribed medicines.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act 2005 (MCA) were not fully embedded within the service.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

People told us staff were friendly, polite and compassionate when providing support to people.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

Is the service responsive?

Good

The service was responsive.

The service responded to peoples changing needs.

Staff understood people they cared for and knew their preferences and personal histories.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well led. The systems in place to monitor the quality of the service were not always effective.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

Learning from accidents and incidents took place which promoted people's safety and quality of life.

Bailey Care Services

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.

This inspection took place on 3 and 4 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by one inspector.

We spoke with five people who used the service and four relatives. We also spoke with the operations manager, two coordinators, one administrator and six care workers. We reviewed nine people's care files, six staff records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's care plans contained risk assessments which included risks associated with; moving and handling, falls, personal care and environment risks. Where some risks were identified plans were in place to identify how risks would be managed. For example, one person was assessed as being at high risk of falls. This person's care record gave guidance for staff to encourage the person to take 'small steps' and actions to take to mitigate the risk to this person whilst staff delivered personal care. Another person required the use of a hoist to support them during transfers. The persons care record included guidance for staff on how to use the hoist effectively.

However, we saw that not everyone had up to date or accurate risk assessments in place. For example one person had been assessed as high risk of falls. We noted that this person had a 'manual handling risk assessment' in place. This risk assessment identified that the person had a 'history of falls. However there was no further information or guidance for staff to mitigate the risk associated with this persons care.

One person's care records highlighted that they used a walking aid and that they were at risk of falls. However this person's risk assessment highlighted that this person was not at risk of falls. Another person care records highlighted an ongoing medical condition and signs and symptoms that this person may be becoming unwell. However this person's care record did not contain guidance for staff on what action to take in the event of this person becoming unwell.

People's individual medication administration records (MAR) were not always accurate or documented when staff had assisted people with their prescribed medicines. For example we looked at MAR charts for four people and identified that these had not been completed fully. We also checked the daily records for these people to ascertain if these people had received their prescribed medication. However daily records did not always confirm that people had received their medication.

We requested MAR charts for one person since January 2016. However the service could not provide these records. We spoke with the operations manager about this but they could not provide us with a satisfactory explanation.

Due to these inconsistencies surrounding the management of medicines and the risks associated with people's care we could not be satisfied the risks to people were managed appropriately and staff had access to up to date guidance to enable them to support people safely and in line with their care needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. Comments included; "The staff are very good and yes I feel safe when they are here", I feel quite safe when I am with them" and "Oh yes absolutely I am safe when they are here". A relative that we spoke with told us, "If mum's happy then I'm happy. The staff are great we don't have any concerns".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their seniors. Their comments included; "I would report it immediately to the office", "I would report any concerns to my senior", "I would report my concerns straight to my line manager and in 22 years of working at the service I've never had to take anything further".

Staff were also aware they could report concerns externally if needed. Comments included; "I would report to the team at social services", "If it was an immediate concern then I would go to the police and "I would report it to the CQC (Care Quality Commission)".

Staffing rotas confirmed there were enough staff to meet people's needs. People we spoke with told us there were enough staff and they did not experience missed visits. People's comments included; "They always come to see me", "If there running a little late then they let me know. They always apologise" and "They always turn up. They make sure everything is fine". One relative we spoke with told us, "They always turn up, they are bang on the nail when it comes to that". Another relative told us, "They don't miss a visit". One staff member told us, "I feel that staffing levels are good".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with a member of staff who told us, "I had to wait for my checks to come back before starting".

Requires Improvement

Is the service effective?

Our findings

The operations manager was clear about their responsibilities relating to 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. The operations manager told us "We always assume capacity unless proven otherwise" and "Any decisions should be in the best interest of the person".

However, the service did not always follow the principles of the MCA. For example following a concern in relation to a person's ability to self-medicate. The service made the decision that this person did not have the capacity to carry on self-medicating. However, the service did not follow the principles of the act. There was no mental capacity assessment in place to demonstrate how this decision had been reached and that the decision to take away the rights of this person to self-medicate was in the best interests of the person.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Some staff we spoke with had a good understanding of the Act. Comments included, "It's there to protect people", "We must always assume that people have capacity" and "It's there to make sure people make safe choices for themselves". However, some staff did not have a good understanding of the act. Comments included; "I think we had training once, but I don't know what it is", "I can't remember what that's for" and "I don't know what it is".

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their care records. Comments included: "They know me well, we always have a chat about things", "The staff are very good" and "I certainly feel they are knowledgeable about me". Relatives told us, "They know mum very much and what her needs are", "It's a small team so we have regulars, we find that this helps people get to know mum" and "We don't have to keep explaining, they know mums needs".

Staff told us they received an induction and completed training when they started working at the service. Training included moving and handling, safeguarding, infection control, food hygiene, first aid, person centred care, equality and diversity, mental capacity and medication. Staff spoke positively about the training they received. Staff comments included; "Its good training", "I really enjoyed the manual handling training", "I've done a whole course on dementia, I found it really useful" and "The training is fantastic".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One member had recently attended training that then supported them to deliver manual handling training for other staff. We spoke with the operations manager about how they supported staff to access further training opportunities. They told us, "Once staff

have completed (national certificate) in care, then we put them forward for the level two (national qualification). Once they have done that, we give them the option to complete level three (national qualification)". We spoke with one staff member who was in the process of completing a level three national qualification in care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told us they felt supported by their line managers. Comments included; "(The seniors) are very supportive", "I get good support", "We discuss any difficulties that we may have" and "We discuss any improvements that could be made and how we are getting on". We noted that senior care staff carried out observations on staff to ensure that the correct standard of care was being delivered.

Most people said they did not need any support to eat and drink. People that did need support told us they received effective support. Comments included; "They always make sure I have enough to eat and drink", "My wife does most of it but they help out occasionally they are good like that" and "They check first to see what I would like. They always make sure I have plenty to eat and drink". A relative told us, "Mum has support with breakfast and lunch. They are as good as gold when it comes to supporting mum".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists, opticians and district nurses. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included; "I have no complaints. The care is very good", "The staff are very nice and caring", "The staff are very caring" and "They are good at caring".

Relatives we spoke with told us; "I rely on them to do a good job and they do, its good quality care", "The staff are friendly and they empathise with her on a personal level. (Staff) and mum have shared interests. They don't talk too quickly or complex but in a way that suits mum's needs", "They encourage mum to go at her own speed. They don't rant, they are always calm and relaxed" and "I've seen first-hand how caring they are".

People told us staff were friendly, polite and respectful when providing support. One person told us, "They are ever so polite". Another person told us, "They are ever so nice and I feel that they respect me. They are really friendly". A relative we spoke with told us, "They communicate well, they are very polite and respectful". Another relative told us, "They are always polite and respectful".

Staff were enthusiastic about supporting people. Comments included; "I really enjoy my work and seeing the difference it makes", "I find the job rewarding" and "I feel that I change the quality of people's lives and keep them in their own homes".

People told us they were treated with dignity and respect. Comments included; "They always cover me up", "They treat me as I wish to be treated" and "I have absolutely no complaints with the way they treat me". Relatives told us; "They are very good. When she needs personal care they are very attentive to making sure she is covered up and doors are closed" and "They always cover mum up. We have no worries when it comes to personal care".

People told us staff promoted their dignity by letting them know what was going to happen before supporting them with personal care. One person told us "They put their apron on and let me know what's going on".

We asked staff how they promoted people's dignity and respect. Staff comments included; "I always make sure that curtains are drawn and doors are closed during personal care", "I always make sure we are in a private space" and "It's about doing things in people's own time, we shouldn't rush people and we need to respect how people want their care to be delivered". We noted that the language used in care records and support documents was respectful and appropriate.

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "It's important to tell people what you are doing because it's part of their routine. People like their routines. Also with this there are no surprises and people do not get upset or scared". Another staff member told us, "It's important that you approach people and let them know what you're doing because you are giving people the right to say no to something".

People told us they felt involved in their care. One person told us, "We always go over things together". A relative told us, "We are involved in everything. They encourage us to contact them or write things in mum's records.

Relatives told us that people were supported to remain independent. One relative we spoke with told us, "Mum still likes to (carryout personal care) by herself. They respect this and it promotes mum's independence". Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. One staff member told us, "It's important that people feel self-sufficient and do what they can independently. I feel this is especially important when people's mobility starts to decline". Another staff member said, "We must allow (people) to do the things they can do for themselves, it gives them self-worth".

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive. Comments included; "They keep me informed of changes. They listen and respond to mums needs", "We once asked them to make sure mum always has the telephone next to her so I can ring her. Whenever I ring mum always has the phone next to her" and "They are very good at picking things up and they write it in the book".

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us that their care was regularly reviewed by the service. A relative we spoke with told us, "We have regular care reviews".

The service was responsive to peoples changing needs. For example one person had requested a change in their call times due to a diagnosis of a medical condition that required the person to attend regular hospital appointments. The service changed the call times for this person to a time that suited there care needs. We spoke with this person's relative and they told us, "They are very approachable with anything like this. You don't feel that you are being an annoyance".

We also noted that following a change in another person's care needs the service was responsive in communicating with the persons G.P to gain further information on a change to the persons prescribed medication.

The service sent out a weekly newsletter to staff which reinforced key messages to staff about peoples changing needs. For example, one person who used the service had recently undergone a medical review. The result of this review was a change in the person's medication. This change in medication was included within the newsletter and the person care records. One staff member we spoke with told us, "I find it really useful, as it reminds us of what's going on for people".

Staff we spoke with knew the people they cared for, including their preferences, how they liked to spend their time and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences in relation to personal care. The staff member also told us about what the person enjoyed eating and drinking. The information given by the staff member matched what was written in the person's care records. A relative we spoke with told us, "They share stories, they really are like personal friends of the family". Another relative told us, ""They know how she likes her toast and what she likes to drink on a morning".

Staff we spoke with were able to tell us people's preferences in relation to their care. For example, one staff member explained the importance of supporting a person with a weekly care task that the person liked to do. They told us, "Once a week [person] likes to (care task), she finds it comforting". This information matched what was written within this persons care records. A relative we spoke with told us, "We requested female carers for mum because we feel it is valuable for mum to have a female to talk to. They have always done this".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within peoples care records. Records showed there had been three complaints since our last inspection. These had been dealt with in line with the providers complaint procedure. A relative we spoke with told us, "I haven't had to complain, if I did then I would firstly contact the management team".

The service sought people's views and opinions through a yearly satisfaction survey and a quality assurance questionnaire. We observed that the responses to the survey were positive. One relative we spoke with told us, "They are always asking for feedback".

Requires Improvement

Is the service well-led?

Our findings

There was not 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.

The provider conducted regular audits to monitor the quality of the service. These were carried out by the operations manager and the provider. Audits covered all aspects of care including, medications, care plans, moving and handling, supervision and the day to day management of the service. However, the services quality monitoring systems were not always effective. For example recent audits had not identified the concerns that we found in relation to the service following the principles of the MCA and the accuracy of peoples risk assessments.

These audits had not identified our concerns in relation to the absence of one person's MAR charts dating back to January 2016. We noted that the operations manager took immediate action to mitigate the risk of this happening again by introducing a new auditing tool. However this was not in place on the day of our inspection.

Where audits had been carried out effectively learning from these audits was used to make improvements. For example, a recent audit of the service's policies and procedures identified that they were due to be reviewed. The provider acted on this and a full review of the service's policies and procedures was carried out.

We also noted that following a recent supervision audit the provider re formatted the supervision record to enable staff to reflect on whether their practice was safe, effective, caring and responsive and whether they felt the service was well led. This demonstrated the service was continually looking to improve.

Staff spoke positively about the provider. Comments included, "I really enjoy working here", "We are a close team and we get on together", "[Senior] is brilliant I can go to her with anything" and "I really enjoy my job".

The provider told us their visions and values for the service. They told us, "We want the service to be useful to our clients and meets their needs. We want to make sure people are safe and we deliver a safe service".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The operations manager of the home had informed the CQC of reportable events. For example the service had notified the CQC that the registered manager had left the service.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told

us, "I would not have any issues reporting any concerns and I feel they would listen".

Accidents and incidents were recorded and investigated. The provider used information from the investigations to improve the quality of care that people received. For example following an incident that involved a person's manual handling equipment. The provider took the appropriate steps to mitigate the risk of future occurrences. This included a referral to an occupational therapist. The outcome of this referral included a change in the person's moving and handling equipment. The impact of this was that the person's quality of care improved.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses, occupational therapists and local authority commissioners of the service. For example during our inspection a senior carer carried out a hospital visit with an occupational therapist to ensure that the person's care needs could be met. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care plans did not always contain information guided by the principles of the Mental Capacity Act 2005 (MCA). Staff had completed training in relation to MCA but were not always able to understand the principles underpinning it.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's individual medication administration records (MAR) were not always accurate or documented when staff had assisted people with their prescribed medicines. Not everyone had up to date or accurate risk assessments in place.