

Bailey Employment Services Limited

Bailey Care Services

Inspection report

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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

The inspection took place on 11, 12 and 13 October 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was to ensure that people who used the service were available to meet with us. It was also so that the registered manager and staff could be available. The service was last inspected in February 2014 when it was compliant with the regulations at that time.

Bailey Care Services are registered to provide a domiciliary care service to adults in their own homes.

There was a registered manager for the service. 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 spoke highly about the staff and the way they supported them with their needs in their homes. People said they always felt safe in their company. People said that staff were kind and caring in their manner. People also told us they were able to engage with staff in a positive and warm way which they appreciated.

Staff knew what abuse was and they were aware of how to report any concerns if they had them. There were systems in place to minimise risks to people and to keep them safe from abuse.

People had positive views of the care and support they received from the staff. Examples of comments people told us were, "They are very good staff they get to know what you need", "The staff are very committed very pleasant and very caring" and, "The girls are super they are delightful."

People were properly supported with their needs by a team of staff who were properly supported and monitored in their work. The staff were able to take part in a variety of training, learning and development opportunities. This meant staff were well trained to meet the needs of the people they supported.

Care records explained in an informative way what actions to take to effectively assist people so that their care needs were met. People told us that care was planned in a way that was flexible for them. Visit times were planned when possible at the convenience of people who used the service.

People knew how to make their views known and felt that management took them seriously. If people had complaints they felt they were easily able to make their views known about the service to the registered manager of the agency.

People and staff spoke highly of the registered manager and others senior staff. The staff had an understanding of the visions and values of the organisation and said they followed them in their work. The

values included a making sure that people were always provided with personalised care and treated with respect at all times.

The quality of care and service was properly checked and monitored. This was to make sure it was safe and suitable for people. When it was needed, actions were put in place to improve quality of the care and service people received.

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.

There was the right number of suitable staff to ensure that visits were long enough to provide safe care.

People received care and support from staff who knew how to protect them from abuse.

People were supported to take their medicines when they needed them. They were helped to manage their medicines safely.

The provider had a system in place to recruit safe and suitable staff.

Is the service effective?

Good ●

The service was effective.

People felt the staff provided care that fully met their range of care and support needs.

The staff who supported people understood the legal requirements of the Mental Capacity Act 2005. Staff had a good awareness this legislation and the impact on people who may not have the capacity to make decisions in their life.

Staff were well trained and supported so that they were able to provide effective care for people.

Is the service caring?

Good ●

The service was caring.

People said that staff were caring and kind at all times in their approach towards them.

Staff knew how to support people with their range of needs in a respectful and way that also maintained privacy and dignity.

People told us that the staff knew them well and understood

how to meet their needs in the ways they preferred.

Is the service responsive?

Good ●

The service was responsive

People were very positive about the service. They said care was planned in a way that was flexible to their needs.

People understood how to make a complaint or raise a concern. There were systems in place to proactively seek the views of people and others involved in their care.

Peoples care records clearly explained what actions were needed to support people to meet their care needs.

Is the service well-led?

Good ●

The service was well led

Staff spoke highly of the registered manager who they said provided clear and effective management and leadership of the service.

The organisations visions and values were followed and understood by staff. They included providing person centred care and treating people with respect at all times.

The quality of care and service people received was properly monitored to make sure it was suitable. People were involved in the monitoring of the service and the feedback they gave was positive.

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.'

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

One inspector carried out the inspection. We spoke with nine people who used the service and three relatives. We also spoke with six members of staff and the registered manager.

We looked at three people's records that related to the care and support they received. We also looked at records to do with the management of the service. These included staff training and supervision records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Every person we spoke with knew what to do if they felt unsafe in any way about a member of staff. People told us they could contact the registered manager or any of the senior staff. People also said they had never had any reason to do this. They told us staff were always respectful, and they had never had a problem with any of the staff. Examples of comments that people made included about the staff and how they felt safe with them included "The staff are very good, and they all treat me properly" and "I have a carer who is absolutely wonderful and they understand exactly what needs to be done and do safely." These comments showed that people felt very safe with the staff who supported them.

People were supported by staff who knew how to minimise the risks from abuse. There was copy of a procedure and other information to guide and assist staff to know how to keep people safe from abuse. Staff had to read the procedure regularly and sign to say they understood it. The staff were aware of the agency's procedure for safeguarding people from abuse. They told us they were given their own copy of the procedure in the staff handbook so that it was available to them in the event of an allegation of abuse being made. The staff were able to tell us about whistleblowing at work. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date with contact details for the organisations people would use if they needed to report concerns. Information in training records confirmed staff had been on training courses to learn more about the subject of safeguarding people from abuse.

The registered manager and staff kept a record of incidents and occurrences that had happened. Staff also wrote down what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone after they had experienced a number of slips and falls due to impaired vision.

The people spoke with told us they felt there was enough staff to support them safely at each visit they had from them. The staff also told us there was enough staff on duty to provide safe care. The registered manager told us that they tried to use the same staff who worked and knew people if cover was needed at the last minute. This was to ensure people were supported by staff who they knew.

The registered manager and the staff said that the numbers of staff and the times of visits to meet the care needs of people were increased whenever it required. They told us how staffing numbers and visit times were adjusted when people were unwell and needed extra support. There was an online system that the registered manager used to ensure visits were planned properly. This helped to work out the staff hours and numbers needed. These were calculated based on people's needs and the type of care and support that each person needed, and with how many staff.

There were a range of checks carried out to make sure potential new staff were suitable to work for the agency. These were completed before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been

completed on all staff to ensure only suitable employees were recruited.

People were supported to look after their own medicines safely and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on regular training to ensure they understood how to support people with their medicines safely.

There were checking systems in place to monitor the safety and suitability of the service. Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people needed support with bathing, action was taken to ensure there were no hazards such as water being too hot and staff made sure people were safe.

Is the service effective?

Our findings

Every person we spoke with had positive views about how they were supported by staff with their care needs. Examples of the comments people made included "The staff are very good they do what I want and I don't mind who turns up", "They are very good staff they get to know what you needs and just get on with it" and "The staff are absolutely brilliant they have been beyond our wildest expectations ." These views showed that people felt they received an effective service that met their needs.

People were supported with their personal care by staff who knew how to meet their needs and provide effective support. The staff demonstrated in discussion with us they with had a good understanding of how to effectively support teach person they visited. The staff told us they read each person's care records before they first visited them and at each visit if a person's needs had changed. They said they were told by the registered manager and senior staff when it had been updated if a person's needs had changed.

The people we spoke with told us when they had started using the services of the agency; the registered manager had met with them to find out what sort of care and support they felt they needed. This was to work out with them what sort of care they would like to receive. They said that since then they had regular contact with the registered manager or other senior staff to review their care with them. This was to make sure people felt happy that the staff knew how to meet their needs and could continue to do so.

The registered manager and the staff told us that some people currently supported did not have mental capacity. The staff demonstrated in discussion with us they knew about the principles of 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. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise. Staff had been on training to make sure they had up to date knowledge about the MCA. There was also up to date guidance for staff to follow if they thought a person may not have capacity to make informed decisions in their life.

People were being well supported to meet their physical healthcare needs. There was a health action plan for people. The action plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed. People told us they were supported if needed to be able to see their GP if they were concerned about their health.

People were supported to eat nutritious food and drink that they enjoyed. Some people we spoke with told us the staff helped them to prepare and cook their own food. Staff told us they sometimes helped people who required special diets by going shopping for them for the food they needed available. Information in care records explained how to support people with their nutritional needs. The staff team had been on a training course to help them support people effectively with their nutritional needs. A healthcare specialist

was supporting one person with specific nutritional needs.

The staff told us there was always plenty of support and someone they could contact if they needed guidance at any time. They also explained to us that there was an out of hour's telephone number they were able to call. This was to be able to speak to someone for support and advice.

Staff told us that regular unannounced spot checks were carried out on them when they were at someone's home. This was to monitor how they were supporting people and to make sure they were doing this in a safe and caring way.

Supervision records showed that staff were supported and guided in their work. The staff confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting.

Staff had positive views about the training and learning opportunities they were able to attend. They told us these helped them to support people effectively and understand their needs better. They said that they had attended training in subjects relevant to the needs of people they supported. The training records showed that staff had been on a variety of training in a number of relevant subjects. The subjects included food hygiene, first aid, infection control and medicines management, care of older people, dementia care and general health and safety.

Newly appointed staff members were well supported and properly trained when they first started work for the agency. Staff told us they had been on an in depth induction-training programme. This had included areas such as how to support people with complex learning disabilities and safeguarding adults. Completed records showed that the registered manager had ensured staff had received proper training before they began work with people at their home. Staff also told us they worked alongside more experienced staff for a number of days. This was to help them to learn how to care for people effectively.

Is the service caring?

Our findings

Feedback from people who used the service was universally positive about the caring nature of the staff. Comments included "The staff are delightful always cheerful and they do as much as they can for my relative", "The staff are very committed very pleasant very caring" and "They are always cheerful always smiling".

People also said they felt the staff knew them well, and how to support them in a way that was kind and caring in manner. One person said, "The carers are very fond of my relative" another comment was "They are all so kind to us". They also said staff were respectful, for example, one person said, "They are all so polite and helpful and can't do enough for you."

People told us that staff who visited them were always respectful and supported them in the way they wanted. Care records showed people had helped to plan what sort of care and support they received. For example, what time their visit took place and what gender of staff they wanted to have support them.

Staff told us the importance of person centred care was discussed at team meetings and during their one to one supervision meetings. The staff gave us examples of how they ensured they provided care in this way. For example staff said they always treated everyone differently, and that one person may like you to make their meals for them and another person wants to do it themselves. Other examples they told us about included knowing that some people were not very 'chatty' in the mornings and other people liked to engage them in social conversations.

Staff knew the people that they visited very well and told us positively about how much they enjoyed their work. The staff told us that one of the aspects of their work they valued the most was building up warm and caring relationship with the people that they visited. One staff member said "That the best part of the job". The registered manager and the staff said that they were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be treated as a unique individual.

The staff said that information about independent advocacy services could be made available for people if needed. These services provide independent support to people to make sure their views properly represented.

The diversity of people was respected by the agency and the staff who supported them. Care records included information about people's faith where they had religious beliefs. Care records included information that explained why people would prefer care from staff of the same gender. People told us this was acted upon by the staff.

Is the service responsive?

Our findings

People told us they mostly saw a team of regular care staff and they knew who was due to visit them. People told us that they were sent a weekly rota to tell them who would be visiting the following week. They also said that when this changed due to unforeseen circumstances the office rang them to tell them. This showed how the agency made sure people were made aware of any changes to their service .

People told us how they felt the service was responsive in the way it met their needs. One person said, "It is very good you ask them to do anything and they are very willing and adaptable and just do it" and "They are very reliable" and "They are consistent with us but they never stop asking if I am satisfied or if I need anything else."

Care plans were person centred and contained information for staff on people's personal preferences. Care records also explained how to support people to keep independence in their lives and stay in their own home. The support records also made people aware of the potential risks to their health deteriorating and the sort of support they would expect from staff to protect them from risk. For example, one person who was at risk of falling after showering had a care plan in place to ensure that staff knew how to support them.

Care records also included what people hoped to achieve and what to do to support them. The care records showed people were able to make their views known about how they wanted to be supported. People told us they were involved in the reviews of their care and changes were made to their care as their needs changed. The care records showed that people were being consulted on a regular basis. This was to make sure they were satisfied with the way they were being supported with their care needs.

The staff and people we spoke with told us they that the level of care they received was dependant on their personal needs. For example, some people said staff helped them with personal hygiene, some only needed help with their medicines. One person told us, "If anything changes I ring them up and let them know if I I'm going to be away and won't need them." Staff explained to us the different care needs of the people they visited and how they preferred to be supported.

The care records contained people's preferences and guidance in relation to the type of support they required. Care records covered areas such as such as; help with bathing, managing medicines, improving mobility, and eating more to gain weight and stay healthy. A detailed summary of the care plan was shared with the person who it was about. The care records explained very clearly how to support people and what challenges to their wellbeing they may face. Care records also showed that people changed the type of care that they requested depending on how they were feeling and practical reasons. These showed how the agency was flexible in response to the changing needs of the people they supported.

Some people who used the service were provided with emergency pendants. The people we spoke with who did wear a pendant said they had used it and staff responded quickly.

People told us they felt confident they could make a complaint to the registered manager or any of the staff.

There had been no complaints made about the service. However, people told us they would not hesitate to complain if they were unhappy in anyway.

People told us they were given their own copy of provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

People told us they had been given information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the agency offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

Surveys were sent to people at least once a year to find out how they felt about the service. The last survey had been positive, some people said the service was not always prompt and carers were often very late. The registered manager had written an action plan to address this. We saw that they aimed to ensure visits were planned to people in a way that meant they were more reliable and aimed to be on time.

People told us that the registered manager or another senior member of staff saw them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the registered manager and other staff listened to them and took their views very seriously.

Is the service well-led?

Our findings

People told us the registered manager was an approachable and friendly person. We also saw that staff were relaxed in their company. When staff wanted to speak to the registered manager they made plenty of time to be available for them and were warm, and friendly. The staff told us that the registered manager provided a very clear and effective vision for the service. They also said they appreciated how the registered manager had put boundaries in place and this was valuable as it helped to them to feel supported.

The registered manager told us they kept up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

The registered manager carried out their own regular quality checks on the services. We saw that they had recently audited the care records of people who used the services. We saw that where actions were needed this had been clearly identified by the registered manager. People also told us that the registered manager often visited them and asked them for feedback about the staff and the overall service.

People were involved in the quality audits of the service and were asked for their views of the service. When people had made their views known as part of a quality audit, action was taken by the registered manager to address what had been raised. For example, when people wanted a different carer or a different visit times this was acted upon.

Health and safety audits and quality checks on the care people received were undertaken regularly in their home. Actions were implemented where risks and improvements were needed. For example, an assessment of people's bathroom and kitchens and electrical items in their homes were carried out to ensure they were safe.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their manner with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

The service used an online system used to track the times staff arrived at people's home and how long they spent with each person. The registered manager told us that they found the monitoring system very useful as it allowed them to track if people's visits were completed in the allocated time.

All staff were invited to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.