

Bell View Help at Home Limited

Bell View Help at Home Ltd

Inspection report

33 West Street
Belford
Northumberland
NE70 7QB

Tel: 01668219538

Date of inspection visit:
27 February 2018
09 March 2018
19 March 2018

Date of publication:
03 May 2018

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 27 February 9 March and 19 March and was announced. The service was last inspected in October 2017 when we found two breaches of the Health and Social Care Act 2008. These related to Regulation 12: Safe care and treatment and Regulation 17: Good governance. We rated the service requires improvement.

Following the inspection the provider submitted an action plan outlining improvements they planned to make. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and we have rated it good.

Bell View Help at Home Ltd provides personal care and support for people living in their own homes in the North Northumberland area. At the time of our inspection, the service provided care and support to 60 people. The service had close links with Bell View Care Ltd which provides day care; meals; home support; assisted shopping trips and a transport service. Bell View Care Ltd is not regulated by CQC as its services are out of scope of the Health and Social Care Act 2008 Regulations.

The service had a registered manager. They had registered with the Commission in October 2017. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the management of medicines. Staff were aware of the procedures to follow and ensured there were suitable gaps between doses by ensuring appropriate times were allowed between visits. Medicine records we saw were completed accurately.

At the last inspection robust procedures were not in place for the safe management of people's finances. At this inspection we found improvements had been made. A small number of people required support with finances and receipt books and records were in place. Staff were clear about the procedures to follow.

There were suitable numbers of staff on duty and safe recruitment procedures were followed. People told us they valued having regular staff that got to know them well.

Staff had received training in the safeguarding of vulnerable adults and knew the procedures to follow in the event of concerns of a safeguarding nature.

Individual risks to people were assessed and an assessment of the person's home environment was carried out before the service commenced. Staff followed the correct procedures when providing personal care or service food to avoid the spread of infection. Gloves and aprons were readily available.

Staff received regular training, supervision and appraisals. The registered manager and senior care staff carried out supervision and spot checks. Staff told us they felt well supported by the registered manager and office staff. People told us staff were competent and appeared well trained.

All new staff were enrolled on the Care Certificate. The Care Certificate assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

People were well supported with eating and drinking. Clear instructions were available to staff about the level of support people required and any risks such as choking were identified.

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 service was operating within the principles of the MCA.

People and their relatives spoke very positively about the staff and management of the service. They described kind caring and dedicated staff. We saw numerous examples of kind and courteous care during our inspection.

At our last inspection we found care plans and assessments varied in quality and detail. At this inspection we found there had been an improvement in all care documentation. Care plans were personalised which meant the individual needs of people were addressed and staff knew their routines and preferences.

People were aware of how to make a complaint and told us they had not found it necessary to do so. A complaints procedure was in place and the small number of complaints received were dealt with in line with this.

At the last inspection we found governance systems to monitor the quality and safety of the service were not effective. At this inspection we found improvements had been made. The board of trustees held regular meetings with the registered manager who provided them with regular reports. They felt up to date and informed. The registered manager told us they felt well supported by the board.

Staff told us they were happy working for Bell View Help at Home and morale appeared good.

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

Procedures for the management of medicines and finances had been improved.

Staff had received training in the safeguarding of vulnerable adults and were aware of the procedures to follow in the event of concerns.

Suitable numbers of staff were employed and recruitment procedures were safe. Checks were carried out on the suitability of staff to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective

Staff received regular training, supervision and an annual appraisal. They felt well supported by the provider.

Staff supported people well with eating and drinking. They were aware of individual dietary needs and preferences and knew when to seek advice or report concerns.

The service was operating within the principles of the Mental Capacity Act (MCA). There was no one subject to formal restrictions imposed by the Court of Protection.

The health needs of people were met. Staff supported them to appointments when necessary.

Is the service caring?

Good ●

The service was caring

Staff were kind and courteous in their interactions with people.

Staff supported people to be independent and cared for people in the way they preferred. People were visited by regular staff they got to know well.

The privacy and dignity of people was maintained and people's personal information was stored confidentially.

Is the service responsive?

Good ●

The service was responsive

Care plans and assessments had been improved since the last inspection and contained more detail. The care plans we saw were person-centred and contained information about people's likes, dislikes, routines and preferences.

Staff were informed of changes to people's care and treatment and regular updates were sent to staff.

A complaints procedure was in place. People were aware of how to make a complaint but told us they had not needed to.

Is the service well-led?

Good ●

The service was well led

Improvements had been made to the governance systems for the monitoring of the quality and safety of the service.

The registered manager and the board of trustees worked closely to ensure the board had an overview of the service. Regular reports were provided to the board who met with the registered manager regularly.

Systems were in place to gather the views of people using the service.

Staff felt well supported by the registered manager and office staff and morale appeared good.

Bell View Help at Home Ltd

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.

The inspection took place on the 27 February, 9 March and 19 March. It was carried out by one adult social care 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.

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We spoke by telephone with eight people who used the service and five relatives. We visited three people at home and spoke with three members of care staff.

We spoke with the registered manager, office staff and three board members. We looked at three staff files, seven care plans and a variety of records related to the quality and safety of the service.

We spoke with the local authority contracts team who told us they did not commission any services from Bell View Help At Home. We spoke with local authority safeguarding team who told us there were no current concerns of a safeguarding nature.

Is the service safe?

Our findings

People told us they felt safe in the care of Bell View Help At Home. One person told us, "Definitely safe, they are very friendly and kind." Another person told us, "I feel secure; they lock the door when they leave."

At our last inspection we found that medicines were not always managed safely and there were insufficient gaps in the timings between some doses administered. At this inspection we found that improvements had been made to the procedures for the administration and recording of medicines. Medicine administration records (MARs) we checked had no unexplained gaps and were audited on a regular basis by the registered manager. Staff had received training in the management of medicines and their competency to administer these safely was assessed. We observed staff administering medicines during our visit and saw that they followed the correct procedure.

We spoke with staff about medicines and they told us, "We have new instructions and paperwork for creams now. There is a body map to show where to apply cream." Lists of medicines and their side effects were held in people's records at home. This meant staff were aware of potential side effects to look out for. Each person also had an individual medicine support plan detailing the level of support they needed to take medicines.

We inspected the service during an episode of heavy snow and noted that where calls were delayed due to the weather, extra care was taken to move the calls for the remainder of the day to ensure medicines were given at the correct intervals.

Arrangements for managing finances of people using the service were found to be unsatisfactory at our last inspection. At this inspection we found new procedures had been introduced and staff had no access to people's bank cards or personal identification numbers. Staff carried out shopping for a small number of people and had been issued with receipt books and new procedures to follow.

There were suitable numbers of staff employed. People told us the service was reliable and they would be informed if staff were running late but they always turned up. No one reported any missed calls. One person said, "They are usually on time and have not missed a call. Even in this bad weather they have still been here." Other comments included, "More often than not, they are early," and, "They rang to say they were going to be late once. We have never had a missed call."

Satisfactory employment checks were carried out. We checked staff recruitment records which contained application forms detailing their employment history, two references, interview notes, identification checks and a check by the Disclosure and Barring Service (DBS). The DBS carries out checks on staff suitability to work with vulnerable people. This helps employers to make safer recruitment decisions.

Staff had received training in the safeguarding of vulnerable adults and were aware of the procedures to follow in the event of concerns being raised. The registered manager had completed child protection and an advanced safeguarding adults course.

We visited people at home when carers were present and we observed staff preparing food and carrying out other tasks. They wore gloves and aprons where appropriate and were aware of infection control procedures and food hygiene best practice. People confirmed that staff followed the correct procedures to prevent infection. One person told us, "When I have a shower they help. They have their own aprons and gloves, which they bring with them." Another person said, "They put on gloves and wash their hands a lot. They are very careful."

Individual risks to people and environmental risks in their home had been assessed and were documented. Procedures were in place for reporting and recording accidents and incidents.

Is the service effective?

Our findings

People told us staff cared for them effectively and appeared well trained and competent. One person said, "My main carer is confident and caring. I don't have to tell her what to do as she knows. Two or three other carers who come seem to know their job." Another person told us, "I thought these carers are terribly young but they couldn't be better! They are very competent and do the job alright." A relative told us, "The carers know what they are doing and where everything is. They know how to use the bath seat."

Staff told us they received training on a regular basis. We were provided with a training matrix which contained a list of training considered mandatory by the provider. Most training was up to date with plans in place for refresher training where required. Ad hoc training was available from district nurses where people with specific health needs requiring specialist equipment joined the service. One staff member told us, "I have had an annual appraisal and we get spot checks and supervision."

All new staff completed an induction to the service and shadowed more experienced staff. They also completed the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

The registered manager accompanied staff on all first visits to a person. This meant they had an overview of the support required and met the person so they were familiar when she had to provide care in case of a staffing emergency. New staff told us they shadowed a more experienced staff member until they felt confident to visit alone. One person told us, "We have a new girl (carer) starting at the weekend. My main carer brought her around and introduced her."

Staff received annual appraisals and there was a system of supervision in place. Staff told us they felt well supported. Spot checks were carried out on a regular basis by the registered manager and staff told us they were able to contact the office for advice at any time. An out of hours contact number was also available to them.

People were supported with eating and drinking. Staff received food hygiene training and we observed staff preparing food for people and following correct hygiene procedures. Staff were aware of the personal preferences of people in relation to how they liked their food to be prepared and their likes and dislikes. One staff member told us, "[Name] doesn't like skin on their cucumber. It is important that staff are regular so they get to know what people like."

When food preparation was required, this was clearly recorded in people's care plans. We observed staff supporting people sensitively and in the way they preferred. They were supplied with condiments and staff checked they were enjoying their meal. Risks associated with eating such as choking, were recorded and staff knew what to do in this event. Advice was sought from a speech and language therapist about the consistency of one person's food and their choking risk.

Four people we spoke with by telephone received support with meals. One person told us, "Yes they do this well (prepare food/drinks)" and "I generally pick what I want. I buy a lot of ready meals. They put them in the oven, put it on the table and wash all the dishes. Sometimes they pick some shopping up. I am happy with this."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In home care services, applications to impose restrictions or deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There had been no applications made to the Court of Protection and no court orders were in place. The registered manager told us there were no people who were subject to any restrictions and we did not find any restrictive care practices taking place.

Everyone we spoke with told us carers asked their permission before undertaking care. One person told us, "Yes they are very sensitive about that and very respectful."

People were supported to access a range of health professionals when required. One person told us, "They have taken me to have my eyes tested and are taking me to the hospital soon."

Is the service caring?

Our findings

People told us and we observed that staff were caring. Comments included, "We are getting well looked after at Bell View. They are very kind and very helpful" "When the (carers) come, they are pleasant and can't do enough. They make sure I am alright before they leave, they really are very nice" and "They are kind and caring. We can have quite a laugh at different things, they are lovely." A relative told us, "They are very, very nice. My relative always looks forward to going out with them (carers)."

The privacy and dignity of people was respected. Staff we observed were courteous and polite and people told us staff respected their dignity. One person told us, "I am very happy so far. From my point of view they are giving me a good service and they are not intruding in any way." A relative said, "Oh yes, they shower my relative and they make sure they cover up with a towel."

Staff were aware of confidentiality. They told us they never discussed people with anyone outside the service. Personal details of people were stored securely in the office.

We observed staff supporting people to be independent. One person had special aids and adaptations which they chose to use sometimes. Staff were aware of these and offered them to the person. People told us their independence was promoted by staff. One person told us, "Absolutely (maintain Independence). They wait and if I want them to do anything I ask them."

We observed staff having fun with people and sharing jokes. One member of staff told us the person they were visiting liked to go for walks, then joked that they had to push the wheelchair so got the most exercise. The person responded laughing and said, "You should be grateful I am keeping you fit and think of all that fresh air!"

They went on to tease the staff member when they told us about an episode of choking. The person said, "I think they took pleasure in hitting me on the back!" It was clear the person enjoyed the company of staff and we observed a number of examples of staff and people enjoying a joke together but it was always professional and respectful.

Is the service responsive?

Our findings

At our last inspection we found assessments and care plans varied in quality and detail. At this inspection we found improvements had been made to care plans.

People told us they were aware of care plans and said, "They have a care plan and they mark it up. Once in the while they come and review it." Another person said, "I have a file here, I spoke to them over the phone about it. It suited me to deal with them that way."

We checked care plans and found they contained person profiles which contained information about people's likes, dislikes, personal history and preferences. Support plans had been devised for each person which outlined the support they needed. A clear list of tasks was available for staff but also personalised information about how people preferred these to be carried out. Information about what was important to people was also recorded such as to be safe, independent and to stay in their own home.

The registered manager told us, "Care plans are better and are continuing to improve. Some of the older care plans had limited information but we add person centred information to these when we can obtain it. All new people have detailed plans in place. The registered manager also attended all care reviews with care managers and other professionals to ensure any new information was recorded and care plans updated.

When changes had been made to people's care or treatment, this was clearly communicated to staff. The office administrator completed a daily report of changes and sent this to all staff electronically. Information was sent in a password protected format to ensure confidentiality of information was maintained. As it was a relatively small service, all staff received this information so they were aware of it in case they were called upon to provide cover.

A complaints procedure was in place and we found three formal complaints had been made since the last inspection. These related to the same issue which was dealt with by the registered manager and there were no further concerns raised. People told us they knew how to raise a concern or complaint however none of them had reason to complain. Two people said the only minor complaint they had was they had cancelled carers on a small number of occasions and they had still turned up. We told the registered manager about this who explained this was due to a change in systems.

No one was receiving end of life care at the time of the inspection. Staff were supported by district nursing services at this time if the need arose.

Is the service well-led?

Our findings

At our last inspection we found systems were not in place to monitor the quality and safety of the service. Policies and procedures were not always available or followed by staff.

At this inspection we found improvements had been made to the management of the service. A new registered manager was in post and improvements had been made to governance structures in the organisation including the oversight by the board of trustees.

The registered manager provided monthly reports to the trustees who told us they felt up to date with what was happening in the service and better informed. The provider undertook their own quality assurance audits and recorded action to be taken and the individual accountable. Regular management meetings also took place.

People and staff told us they thought the service was well led. People told us they had met the manager, could get hold of them, and thought they were good at their job. One person described the registered manager as "always charming" and another said they were "nice and approachable."

Staff told us they enjoyed working at Bell View Help At Home. One staff member told us, "I have worked for other care companies and this is the best. I don't have to do back to back calls and I am not clock watching all the time. I have time to talk to people here."

Staff felt well supported by the registered manager and other office based staff. They described an open door policy where they could speak with someone about any concerns they may have with ease.

The registered manager spent time visiting people at home. They told us, "I know all the runs (care visits). It is important that I get to know the people using the service and they know me." When new referrals were made the registered manager attended the first visit with staff to ensure they were fully aware of all aspects of the care package and the tasks expected of staff. They covered the service in the case of unexpected staffing problems and felt it was important to meet new people using the service so they were familiar with her in case of an emergency.

Service user views were obtained via surveys. There was a 50% response rate and although they had not been fully collated at the time of the inspection, the response was positive overall. Staff and visiting professionals surveys were due to be sent.

The registered manager was aware of the legal requirement to notify CQC of certain events and was doing so appropriately.

There were good links with the local community. The provider used service user surveys as an opportunity to check whether people were aware of other facilities and services provided by Bell View Care Ltd who the provider had close links with, such as day care.