

Springfield Home Care Services Limited

Baylea Homecare

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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Baylea Domiciliary Care Agency is registered with the Care Quality Commission (CQC) to provide care and support to people in their own homes who are over the

age of 18 living in the Hull and East Riding of Yorkshire. Their primary needs can be physical, learning disability or mental health. The agency's office is based in the centre of Hull.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Staff were trained to recognise abuse and how to report this to ensure people were safe from harm. The provider's

Summary of findings

recruitment systems ensured, as far as was practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

Assessments had been done to make sure people were safe and not put at unnecessary risk. The provider had systems in place which ensured staff attended the visit on time and stayed for the allotted time of the visit. Staff understood the principles of the Mental Capacity Act 2005.

The registered provider ensured staff were trained and received updated training on a regular basis and they had

the right skills to meet people's needs. Staff were enabled to develop their skills and were supported by the registered manager to further their development and gain further qualifications.

The registered manager and the registered provider reviewed the service provided by the agency and ensured changes were made where shortfalls were identified. The registered manager encouraged people who used the service, their relatives and staff to comment about the service provided and to suggest improvements. All suggestions, compliments and complaints were seen as productive and welcomed as a way of improving and moving the service forward.

Summary of findings

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 safe.

Staff were trained in recognising abuse and how to report this to ensure people were safe. The registered provider had recruitment systems in place which ensured people were not exposed to staff who had been barred from working with vulnerable adults. Staff were trained in the principles of the Mental Capacity Act 2005.

The provider ensured safety was maintained by undertaking environmental risk assessments at people's own homes.

The registered provider had systems in place which ensured staff turned up on time and stayed for the allotted time of the visit; they also ensured enough staff visited people to meet their needs.

Good



Is the service effective?

The service was effective.

The registered provider ensured staff received training which was appropriate to their role and this was updated as required. New staff received induction and were assessed as to their competency.

The registered provider monitored and observed staff; they also provided them with support to gain further skills and knowledge.

The registered provider ensured there were phone numbers for people to ring in an emergency, staff could also use these numbers for support.

People's health and wellbeing was monitored and the agency liaised with other health care professionals when needed.

People's nutritional wellbeing was monitored and staff supported people to eat and drink food which was of their preference and prepared to their taste.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had a good understanding of their needs. People were involved with their care and reviews were held to ensure they received appropriate care to meet their needs.

Staff knew how to maintain people's dignity and understood the importance of respecting people's rights and choices.

People were encouraged and supported to maintain their independence and staff supported them with this.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care plans contained up to date information and were reviewed on a regular basis. Assessments were undertaken regularly to ensure people needs were still being met effectively. Risk assessments were in place and these were also reviewed and changes made when required.

Referrals were made to appropriate health care professionals when needed. Staff carried out the advice provided and undertook the monitoring required to ensure people's needs were met.

People were able to complain about the service; these were investigated and resolved where possible. People were provided with information about how to complain to other agencies if they were unhappy with the way the investigation had been conducted.

Is the service well-led?

The service was well led.

There were systems in place which gathered the views of people who used the service, their relatives, health care professionals and staff.

The registered manager monitored staff practice and undertook spot visits to establish if the person was happy with their care and whether staff were meeting their needs. Staff meetings were held and staff received training in the needs of the people who used the service.

Staff were supported by the registered manager and could approach them for advice and guidance.

There were systems in place which assessed the effectiveness of the service provided and changes were made when identified.

Good



Baylea Homecare

Detailed findings

Background to this inspection

This inspection took place on 04 August 2014, the inspection was announced. The registered provider was given 48 hours' notice.

The inspection was led by an adult social care inspector who was assisted by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Prior to the inspection the provider completed a Provider Information Return (PIR). The PIR is a document completed by the provider about the performance of the service. The local authority safeguarding and quality monitoring teams were contacted as part of the inspection process to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the provider.

The service was last inspected September 2013 and found to be compliant with the regulations inspected.

The expert by experience contacted 19 people who used the service by telephone to gather their opinions and

experiences of the service. We also sent surveys to people who used the service. We spoke with the registered manager and five care staff who visited the agency office during the inspection.

We looked at four care files which belonged to people who used the service which were held at the head office, three staff recruitment files and documentation with regard to the management and running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, “”We always get a letter telling us who is coming – which I really appreciate rather than a stranger coming through the door.”

Staff received training which instructed them in how to recognise abuse, what signs to look out for and how to report this; we saw training records which evidenced this. The registered provider had a procedure in place for staff to follow for the reporting of any abuse they may witness or become aware of; staff could describe the procedure and knew how to access it. They also told us they had emergency numbers to ring if they suspected anything untoward was happening or they witnessed any abuse. Staff had been trained in the principles of the Mental Capacity Act 2005.

They were aware that because they cared for people in their own homes people may be vulnerable to abuse or exploitation by family members or members of the public. They told us they were confident the registered manager would deal with all allegations they raised effectively. Staff told us registered the provider had a whistle blowing policy and they understood how to access this. They told us they had a duty to raise any concerns they may have and to highlight any areas of poor practise they may become aware of.

Staff were aware they could approach outside agencies and make direct referrals. The staff had emergency procedures to follow if they found someone had had an accident or injured themselves during a visit and needed medical attention.

As part of the initial assessment the registered manager undertook a risk assessment of the person's home, this was to ensure as far practicable the person was safe and staff were safe. We saw written evidence in people's care plans how staff were to support people who may display behaviour which put themselves and others at risk of harm and which challenged the service.

The registered provider ensured the right amount of staff were provided to meet people's needs, for example if someone needed two staff to attend to their needs this was provided. This was confirmed by the people who used the service and the staff. The registered manager showed us documentation which identified the members of staff who should be working with each person and when this needed to be increased.

We looked at recently recruited staff files and saw checks had been undertaken before the employee had stated working at the agency. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service (DBS). This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manager told us if any conviction showed up on the DBS check they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults. All their decisions were recorded.

People we spoke with told us they were treated with dignity and respect. They all said they were fully involved in their plan of care and felt the care staff always listened and acted on their wishes.

Is the service effective?

Our findings

People who used the service were complimentary about the support and care they received from the agency; they told us they felt fully involved with this and the agency actively sought their views and opinions. They all felt the staff knew what they were doing and were competent. They told us staff arrived on time and stayed for the agreed length of time. They all felt staff completed all the tasks, care and support they should do and often went that extra mile. All said they felt the care workers were well inducted and trained. Other comments included, "They are excellent", "They should get a Gold Medal" and "They are all angels, little Baylea`s angels."

Staff told us the training they received was excellent and it equipped them to undertake their roles and meet the needs of the people who used the service. They told us they received annual training in health and safety, safeguarding people from harm, how to use lifting equipment, how to assist people to move safely, food hygiene and medication. The staff told us they received regular supervision and a yearly appraisal. During their supervision they discussed their training needs and any development they felt they needed and their work load. During their yearly appraisals they discussed any ongoing training and set targets and goals for the coming year. Some staff had requested specialist stoma care training and this had been sourced.

Recently recruited staff told us they had been through an induction period and had shadowed other care staff before undertaking home visits on their own. The registered manager showed us the induction was based on recent good practise guidelines laid down by recognised bodies. The registered manager also undertook spot checks in people's homes to assess the competency of staff and gain the views of the people who used the service about the staff. Systems in place identified what training the staff had undertaken and when this was due for renewal. This

helped to make sure staff had up to date training and were following recent guidelines. The registered manager also kept their own training up to date and was undertaking further management training as part of their own development.

The registered manager ensured the staff were matched with the people who used the service and had the skills and knowledge to meet their needs effectively. They also listened to people who used the service and asked them if they were satisfied with the care staff. If there were problems or people were not happy with the care staff they did their best to address this and ultimately changes were made and more suitable staff were provided. The registered manager also ensured there was little traveling time between calls and staff were not working over a large geographical area.

Staff supported people with their meals and ensured they ate food which had been prepared for them, sometimes by relatives and was to their liking. Care plans we saw contained instructions for the staff to follow with regard to meals; for example, making sure people food was warmed up for them and served as they preferred and leaving food for them to access at tea time if staff were not in attendance, for example sandwiches and other snacks. Documentation we saw demonstrated staff monitored the person food intake and notes were made about whether people were eating the food made available to them. If someone's appetite changed or they had problems with their diet this was monitored and shared with the placing authority and referrals were made as needed.

Care plans contained evidence of reviews being undertaken which involved the person, staff from the agency and other health professionals; any changes to the person's needs following these reviews were recorded. Care plans were also updated following visits from GPs or following hospital admissions which resulted in the person's needs changing.

Is the service caring?

Our findings

People who used the service told us the care staff were caring and kind. Comments included, “I’m quite happy with everything, I would definitely recommend them”, “They always come dead on time”, “Excellent in every way”, “Would recommend to anyone” and “They are nice girls, they would do anything for me.” People also told us the care staff had enough time to treat them well and didn’t feel rushed. All the people we spoke with told us they were treated with dignity and respect. People we spoke with told us they were treated with dignity and respect. They all said they were fully involved in their plan of care and felt the care staff always listened and acted on their wishes.

Staff could describe how they would maintain people’s dignity and ensure their choices were respected. They told us they found a lot of this type of information in people’s care plans and usually followed that. They also told us they clarified things with people but didn’t like to ask them too much just in case people felt they were being nosey. They told us when they asked people things, for example what they wanted to eat or drink at meal times, they always allowed people time to answer. This was the same when they helped people with any personal tasks. They were also aware of respecting other people in the house and not to impact into their privacy and to respect their space.

The staff told us because they were caring for people in their own homes they had to respect this and not judge people about the way they lived or their environment. They also acknowledged they needed to be aware of people’s cultural backgrounds and respect their wishes and routines. The registered provider had confidentiality policies and staff were aware of these. They told us they never discussed other people at any time unless they needed to pass information on to their colleagues or the registered manager.

Staff understood the needs of the people they were caring for and supporting. They could describe people’s likes and dislikes and why these were important to people and why it was important to respect these. They were also aware of the need to maintain people’s routines so this did not disrupted and impact on people’s carers too much when they took over. Care plans we looked at contained information about people’s preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people’s needs and how these should be met.

Care plans demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people’s input into these had been recorded.

All confidential information was stored securely in the agency office and staff only accessed this when needed.

Is the service responsive?

Our findings

Care plans we looked at were person centred and had been formulated through a process of assessment undertaken by both the placing authority and the senior staff at the agency. The care plans contained evidence people who used the service, or the person who acted on their behalf, had been consulted and had an input in to what was written in the care plan. People told us the agency always involved them in devising their care programmes and involved family members, if they wished. Comments included “Yes I feel fully involved with my care” and “My daughter attends reviews with me with the staff from the office.” Minutes of reviews seen in people’s care plans showed these were attended by staff from the agency, the placing authority, the person using the service and their relatives if appropriate.

People’s care plans also described the person and their preferences, how they liked to spend their day and what activities they were interested in. There were detailed instruction for the staff to follow about how they should support people in the undertaking of these activities, for example, shopping and going to day care service. This ensured as far practicable the person received care and attention of their choosing.

Sections of the care plan described the potential risk to people’s health and wellbeing and how staff should respond to these and keep the person safe. The risk assessments included the risk of falls, nutritional risk assessments and assessments about the safety risk to both staff and the person around the person’s home. The risk assessment had been reviewed on a regular basis and changes made where needed. There was also evidence of consultation with health care professionals where needed.

The daily notes and records made by the staff in people’s care plans demonstrated they provided the care and

attention to meet people’s needs. For example, daily notes documented what the person did, how the staff supported them and any changes in the person’s needs. These also documented who the staff contacted and what advice had been given and what assessments had been undertaken if the person’s needs changed. For example, if the person’s care was changed following a visit by their GP and there had been changes to their medication or changes to the person’s wellbeing following a hospital appointment or admission.

As part of the inspection process we contacted health care professionals who were involved in the care of people who used the service. They told us they felt confident the staff employed by the agency followed their advice and guidance and provided the care and attention people needed.

The registered provider had a complaints procedure in place which people could access. This was also provided to people in format appropriate to their needs, for example in large print or a different language. People told us they knew who to complain to, they told us, “Someone from the office comes around from time to time to ask how things are going and if there are any concerns and if there is anything Baylea can do better.” People also told us they had access to emergency contact numbers so they could contact the office if they needed to.

The complaint procedure explained how people could complain in the first instance to the agency’s management team. It also explained within what time scale people should expect a response. It explained people had a right to complain to other bodies, for example the CQC, the local authority and ombudsman. The registered manager told us they viewed complaints as an opportunity to learn and change and encouraged people to raise concerns through the visits they made to people’s homes and directly to the office.

Is the service well-led?

Our findings

People told us they were consulted about the way the service was run, comments included; “We have had questionnaires in the past to fill in to help with shaping their services”, “They are excellent though; can’t think of anything they can improve on” and “They are very good in the office, if you ring up they always get back to you.” People also told us, “Excellent in every way”, “Would recommend to anyone” and “Staff go that extra mile.”

The registered provider used surveys for people who used the service to air their views and opinions. Surveys were used to check people’s satisfaction with a range of topics including, amongst other things, the care provided and the staff. Surveys were also sent to health care professionals and people’s relatives to gain their views about the service the agency provided. The registered manager collated these views and produced a report outlining any shortfalls and how these were to be addressed.

Staff told us they had regular staff meetings and were encouraged to air their views. They also told us they could visit the office and the registered manager was always available for guidance or information. Staff told us they could contact the office and had emergency numbers if they needed them; and they found the registered manager approachable and open to their views and opinions. The

registered manager had developed a scheme which recognised staff excellence this was called ‘you’re a star’ and was awarded to staff who had shown excellence and innovation in their practise.

The service had developed a newsletter which was sent to all the people who used the service, this informed them about the outcome of the surveys and what developments had taken place as a result of consultation. A newsletter was also sent to staff informing them of any developments in the company and changes in working practises due to changes legislation or good practise guidelines. These were also reinforced during staff meetings.

The registered manager showed us the audits they undertook on a monthly basis; these included branch performance, complaint statistics and any missed calls reported via operational directorate. They also audited medication practises, policies and procedures and staff working practise. The registered manager monitored the care and attention the people who used the service were receiving, for example an analysis was made of all incidents and accidents to establish any learning points. If anything was developed because of this learning, or changes made, this was shared with the staff and policies and procedures changed. Any action plans set as result of these audits were time limited and reviewed to ensure they were effective and addressed any identified shortfalls to the service.