

## BELGRAVE CARE LIMITED

# Belgrave Care

### Inspection report

13 Hoole Road  
Chester  
CH2 3NJ

Tel: 01244403146

Date of inspection visit:  
30 April 2019  
08 May 2019

Date of publication:  
24 June 2019

### 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

About the service:

Belgrave Care is a domiciliary care service offering personal care and support to people living in their own homes. At the time of our inspection there were 37 people using the service.

People's experience of using this service:

Improvements had been made since the last inspection and the service was no longer in breach of regulation.

Improvements had been made to recruitment procedures. Further development was undertaken during the inspection. The recruitment policy was updated and any gaps in employment were explained and a risk assessment put in place where required.

Improvements had been made so that people's privacy and dignity was respected. People now received care and support from their preferred gender of carer. Staff promoted people's independence where possible. People received care and support from regular staff that understood their needs well and were kind and caring.

Improvements had been made so that systems for checking on the quality and safety of the service were effective. Policies and procedures and the service's Statement of Purpose had been updated. The systems used for sharing rotas with staff and the work they completed had improved.

Staff had undertaken induction training and shadow shifts as well as training relevant to their role. They told us they felt well supported in their roles through supervision and team meetings.

Risks to people were identified, and clear guidance was available for staff to reduce risk. People were protected from the risk of abuse or harm. Staff had received safeguarding training and felt confident to raise any concerns.

Medicines were administered and recorded by trained and competent staff that followed best practice guidelines. Staff had completed infection control training, understood how to reduce the risk of infection being spread and had access to personal protective equipment (PPE).

An assessment of people's needs was completed and a care plan was put in place to meet those needs identified. People received effective care and support to meet their needs and choices Staff understood the principles of the Mental Capacity Act (MCA) and respected people's right to make their own decisions.

More information is in the detailed findings below.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (Report published June 2018). The rating of the service has improved to Good.

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

Follow up:

We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Belgrave Care

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors on day one and one inspector on day two.

#### Service and service type:

Belgrave Care is a domiciliary care service offering personal care and support to people living in their own homes.

The service did not have a registered manager. A manager was in post and had started the process to apply the Care Quality Commission (CQC) to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

#### What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted commissioners of the service to gain their views.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to

make. This information formed part of the inspection planning document.

During the inspection we visited four people in their own homes and their relatives to obtain their views about the care provided. We spoke with the provider, the quality lead, the acting manager, a supervisor and two support workers.

We looked at three people's care records and a selection of medication administration records (MARs). We looked at other records relating to the monitoring of the service, four staff recruitment records, staff training records, staff meeting minutes and accident and incident records.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We looked at policies and procedures, training updates and the Statement of Purpose.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm

### Staffing and recruitment

At the last inspection in May 2018 the provider had failed to ensure sufficient numbers of staff to safely meet people's needs. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection around staffing and the provider was no longer in breach of Regulation 18.

- Improvements had been made so that recruitment was safe. Prior to commencing work applicants were subject to a range of pre-employment checks to assess their suitability for working with vulnerable adults.
- Since the last inspection improvements had been made so that there were sufficient staff employed to meet people's assessed needs.
- People told us they were mostly supported by regular staff. Comments from people included; "I have three regular ladies [Staff] that visit me and they are almost always on time" and "I have two lovely staff that visit me, they are reliable with time keeping and let me know if they are running late."

### Systems and processes to safeguard people from the risk of abuse

- A safeguarding and whistleblowing policy were in place that staff were familiar with.
- Staff had received safeguarding training and completed refresher updates in the topic.
- Staff told us they felt confident to raise any safeguarding concerns and trusted the provider to act promptly to any concerns they had.

### Assessing risk, safety monitoring and management

- Risk assessments were completed, and risk management plans were in place for areas of risk identified. The plans provided staff with clear guidance on how to mitigate risks and they were regularly reviewed and updated as required.
- Environmental risk assessments were completed to identify and help mitigate any risks associated with working within people's homes.

### Using medicines safely

- The procedures for the management of medicines were safe. Medicines were managed by staff that had received medication training and had their competency checked.
- Staff had access to an up to date medication policy and procedure and good practice guidance to support them when administering medicines.
- Medication administration records (MARs) were in place and fully completed. Regular checks were

undertaken of the MARs to ensure people had received their medicines as prescribed. Areas for development and improvement were identified and actioned.

#### Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection being spread. Staff had completed training and had access to good practice guidance on the prevention and control of infection.
- Personal protective equipment (PPE) was available for staff to use. Staff understood the importance of hand washing to reduce the risk of the spread of infection.

#### Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. The provider reviewed these and monitored them to identify areas of risk that could be minimised.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they commenced using the service to ensure they could be met.
- People, relatives of their choice and other relevant healthcare professionals were fully involved in the completion of assessments and care plans.

Staff support: induction, training, skills and experience

- Staff had completed training and support relevant to their role. Updates were required across some topics and we received evidence after the inspection visit that this had been completed to ensure all staff training was up-to-date.
- Staff had undertaken a thorough induction with shadow shifts that had prepared them for their role.
- People told us staff were skilled at their job. Their comments included; "Staff that visit me have all the skills and knowledge they need to look after me", "Staff know what they are doing and are very good" and "Staff have all the right skills, they are all individual but good in their own right."
- Staff were supported through supervisions and team meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. They received the support they needed to eat and drink in line with their dietary needs and personal preferences.
- Where it was required staff maintained clear records of people's food and fluid intake and any other dietary support they provided.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthy lives and access healthcare services when this was required. Their comments included; "[Staff Name] will call my GP to visit if she has any concerns about my health and if I am feeling unwell" and "When I had a little accident [Staff name] dealt with it very calmly and called an ambulance."
- The registered provider signposted people to local services.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications to deprive people of their liberty within community services must be made through the Court of Protection (CoP). At the time of our inspection no one using the service was subject to any restriction under the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- Staff had received basic MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised.
- Staff described the importance of always seeking a persons' consent before providing any care or support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Improvements had been made so that people received consistent care and support. People told us that they had regular staff that visited, and they understood their likes, dislikes, routines and preferences really well. Their comments included; "All the girls [Staff] know how I like things done and always ask if I need anything extra doing" and "I know that [Staff name] comes every three days and [Staff name] comes four days. I find this reassuring"
- People told us staff were caring and treated them with kindness, respect and compassion. Their comments included; "The carers [Staff] are like family to me, they are so kind, I love them all," "The carers [Staff] are very sensible and always kind and helpful" and "I like all the girls [Staff] that visit very much, so caring and considerate." A relative told us "The Staff can lift [Names] mood and bring out her humour."
- Staff understood equality and diversity and described how they treated people as equals.

Respecting and promoting people's privacy, dignity and independence

- Improvements had been made so that people's right to privacy and dignity was respected. Care and support was provided to people by their chosen gender of carer.
- Staff provided people with personal care in private and respected people's dignity. They described how they ensured doors were closed and people were covered wherever possible.
- Staff ensured people's confidentiality was maintained and protected information in line with General Data Protection Regulations (GDPR). Personal information about people was stored securely and only accessed by authorised staff.
- People told us that staff encouraged their independence. Staff described the importance of encouraging each person to do as much as they could for themselves even if it took longer.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in the development and reviewing of their care plans.
- People's communication needs were set out in their care plans and staff understood how to meet those needs.
- People and their relatives told us the provider encouraged them to express their views and give feedback on the service they received. This was done during spot check visits to people's homes and telephone calls to people

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans reflected people's personal choices, preferences and routines. Guidance was available for staff to follow to ensure they met people's individual needs.
- Care plans were regularly reviewed and updated when people's needs or wishes changed.
- People told us they received support from regular staff that understood their routines.
- Staff completed a written record at each visit. This record presented a summary of care and support provided. These records showed people's needs were being met.
- The Accessible Information Standard (AIS) was being met. The AIS was introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided to people in appropriate formats.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place. People told us they knew how to raise a concern and felt confident to do so. Their comments included; "We've never had cause to complain but would call the office if we needed to" and "I feel very confident they would listen and do something about any concerns I had."
- People were encouraged to share their views about the service through spot check visits, reviews and telephone contact with the service.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care.
- Staff understood the importance of providing end of life care that was tailored to each person's needs and wishes. Staff described how they would support people to have a comfortable, pain-free and dignified death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection in May 2018 the provider had failed to ensure effective systems and processes to assess and monitor the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection around assessing and monitoring the service and the provider was no longer in breach of Regulation 17.

- Improvements had been made so that systems for checking on the quality and safety of the service were effective.
- Policies and procedures and the statement of Purpose for the service were now up to date. In addition the systems used for sharing rotas with staff and the work they completed were now safe and effective.
- Following the last inspection the provider shared action plans with us in a timely way which highlighted improvements made.
- There were systems in place for learning from concerns and complaints raised by people and their relatives.
- The providers had identified areas for development and improvement through their audit processes and actioned them.
- There had been some recent management changes at the service. A new manager was in post and in the process of applying with CQC to become the registered manager.
- The manager and provider were clear about their roles and responsibilities. They knew to notify CQC of events and incidents that occurred at the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives spoke positively about the service. Their comments included; "I would not hesitate to recommend Belgrave Care", "The director [Provider] is kind and helpful" and "Lovely staff, helpful office staff, I am very happy."
- The staff and management team were committed to delivering care and support that was developed to meet people's individual needs.
- People and their relatives told us they had developed positive relationships with the staff and management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were processes in place to obtain views and opinions of people, their relatives and staff about the service.
- Staff told us they felt supported by the management team. Staff comments included; "Everyone is approachable", "I get treated really well and feel very valued", "It's a happy office and service to work for" and "Communication is really good between staff and the management team."

Working in partnership with others

- Positive relationships had been developed with external health and social care professionals. The provider worked with commissioners of the service, social workers and health care professionals to ensure the best possible outcomes for people.