

Bellcare Domiciliary Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Bellcare is a domiciliary care agency registered to provide personal care to people who live in their own homes. At the time of the inspection the service was providing personal care to 200 people.

People's experience of using this service:

The service maintained its rating of outstanding in Effective awarded at the last inspection in 2016. We found that while the service was good in Caring we did not see the same continued development in this key question to maintain the outstanding rating.

The feedback we received from people continued to be excellent; they expressed great satisfaction with the caring attitude of staff and the reliability of the service. People were all very enthusiastic about how the way in which care was given made a "huge difference" to their lives. One relative told us, "The agency are excellent all round. Staff are genuinely caring." Another person told us, "I would rate them as very good, a 10 out of 10. They often go the extra mile to make sure I'm okay."

The staff team were very well-trained and staffing levels were continuously reviewed to ensure there were enough staff to provide flexible and responsive care.

The provider continued to design training and staff development programmes that were innovative, based on evidence based best practice and bespoke to people's individual needs. Staff reported excellent opportunities for additional training, support and staff development.

Staff were reliable and professional in their approach to their work and exceptionally caring to people they supported. There was a keen focus on promoting people's independence and maintaining people in their own homes.

The provider assessed people's needs in partnership with them to help ensure they received appropriate care that was person-centred. The service worked in close partnership with healthcare professionals and families to ensure people's health care needs were met. We received very positive feedback from healthcare and training professionals about the service provided and the open nature of the management team.

The provider continued to develop and shape services for the benefit of people they supported and the wider community. They had been instrumental in setting up volunteer Friendship Circles to combat loneliness and were part of a rural project initiative with the local authority to provide a more holistic, single point of contact service to people in rural areas.

People continued to be safeguarded against the risks of abuse and harm by the systems and staff training in place. Risks to people were thoroughly assessed and mitigated. When incidents took place, the provider reflected on events to help reduce the risk of reoccurrence.

The service was well-organised and there was a clear staffing structure. People using the service and staff spoke of the owners' and the registered manager's commitment and passion to provide a high-quality caring service.

The service continued to be well-led and benefitted from clear and consistent leadership.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

At the last inspection the service was rated outstanding (published 24 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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 remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service continued to be exceptionally effective.

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service had dropped to good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well-led findings below.

Good ●

Bellcare Domiciliary Care Services Limited

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:

One adult social care inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection it was providing care and support to 200 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 to be sure the registered manager, staff and people they supported would be available to speak with us.

What we did:

Inspection site visit activity started on 9 April 2019 and ended on 25 April 2019. We visited the office location 16 April 2019 to see the manager, owner, office staff, care supervisors and care workers; and to review care records and policies and procedures. We spoke with 21 people and 10 of their relatives on the telephone.

Before our inspection we completed a planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

As part of the inspection 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 also received feedback from community health and social care professionals who work with the service; and from commissioners.

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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were safe and protected against abuse and avoidable harm. Staff had received training on the safeguarding of adults and understood their role and responsibilities in protecting people from abuse.
- People told us they felt safe receiving care and support from staff. Comments from people included; "I trust all of the staff" and "Yes most definitely staff keep me safe." Another person described how they, "Feel very comfortable and reassured with them [staff] in my house."
- The registered provider made sure risk assessments were person-centred and individualised for each person, including assessments that covered the environment, moving and handling and medication. Information contained details of the person's level of independence and action on how to support them. Staff had received training in equipment they needed to use to move people safely. Each staff team had its own moving and handling trainer to ensure prompt action for safe moving and handling practices.
- The registered manager analysed incidents and accidents to ensure lessons were learnt and risks to the safety of the service were managed. For example, where there had been errors made with recording of medicines, these were quickly identified and measures put in place to keep people safe.

Staffing and recruitment

- People received care and support from suitably skilled and experienced staff. Recruitment practices continued to be safe. The provider/registered manager completed relevant checks before staff worked with people in their homes. These included checking their good character and obtaining a Disclosure and Barring Service check. This supported the provider in making safe recruitment decisions.
- People who were supported by Bellcare and their relatives all told us there were no issues with staffing levels and deployment of staff. People told us they received a regular and reliable service and mostly had the same staff team visiting them. They were always introduced to new care workers.

Using medicines safely

- Medicines continued to be safely managed and in line with good practice guidance. Staff had received regular training and competency checks to ensure they had the suitable skills to carry out the task safely.
- Bellcare had developed a checklist termed 'Practical Medication Administration competencies', where staff were required to be assessed as competent when administering every kind of medication, including oral tablets, oral liquids and eye drops.
- The provider carried out regular medicines audits and these were effective at highlighting any errors, for example in recording of signatures, and appropriate action was taken. These helped to check people had received their medicines as their doctors had prescribed.

Preventing and controlling infection

- The registered manager ensured infection control procedures were followed. Staff received effective training and regular audits were carried out to ensure standards were maintained.
- Staff had access to protective personal equipment such as disposable gloves and aprons when carrying out personal care. People told us staff took all the necessary precautions when carrying out personal care. They described how staff carried out hand washing practices and wore gloves and aprons and disposed of these appropriately.

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 better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People received high-quality care because their needs were thoroughly and frequently assessed, and this led to very positive outcomes for people. The service had a well-developed system to ensure people's health and care needs were fully assessed by trained senior staff to determine that the service could always continue to meet their needs. The service had a 'fast response team' which included moving and handling assessors who made sure people had the right equipment and staff were trained and in place to meet their needs. This had led to some people being able to stay in their own homes for longer than they had expected and other people being 'fast tracked' out of hospital.
- The service matched staff with the appropriate skills and attributes that were best suited to people's needs. This had led to a high degree of satisfaction expressed by people. One person told us, "I asked for a change in the staff and this was sorted out straight away. There was just a clash in personality but it was done without any fuss."
- The service continually kept up to date with new research, guidance and developments and had links with organisations that promote and guide best practice and used this to train staff and help drive improvement. A recent best practice review had been undertaken with the safe use of controlled drugs in end of life care to support people to stay in their own homes.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations

- The service was very reliable and people told us they never had a missed visit. The provider used an IT system to monitor and programme staff visits. Office staff double checked and rang to let people know when care staff were running late.
- Staff understood people's healthcare needs and were proactive when they recognised changes in people's health. One relative told us, "They are always very quick to let me know if they have any concerns about their health or welfare. They take action when they need to which is great." Another person told us, "They came out to see me in hospital and I wasn't expecting to come home so quickly. They sorted everything out and it was a huge relief knowing we had their support."
- The provider had effective systems in place to monitor any changes to people's health. Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals. For example, one person told us how staff and the district nurses worked together to treat a skin condition and they were 'delighted' with the improvement.
- Links and working partnership with health and social care services continued to be excellent. The provider continued to develop and shape services for the benefit of people they supported and the wider community. They had been instrumental in setting up volunteer Friendship Circles to combat loneliness and were part of

a rural health initiative with the local authority to provide a more holistic, single point of contact service to people in rural areas.

Staff support: induction, training, skills and experience

- Staff were well supported and received a comprehensive training programme to suit both their style of learning and to equip them for specific needs of people they were supporting. One new staff member told us, "The training has all been delivered really well, the sessions were long enough and it was about real situations so you could ask questions, not just online learning."
- The provider was proactive in developing and retaining staff through innovative measures, such as interest free personal and car loans and offering top up fuel cards for staff in rural area. They had also worked collaboratively with the job centre to support staff into employment. Another staff member told us, "The support is fabulous. I've been given time off for personal issues and I'm now doing a diploma in care with the support of Bellcare. I feel very happy working here, that's why I have been here so many years."
- The organisation had a training co-ordinator who with the registered manager, had designed the training programme. This was based on current best practice covering all aspects of Skills for Care and the key lines of enquiry used by CQC.
- Bellcare had been awarded Employer of the Year by the local College in recognition of their commitment to staff development and training staff of all levels. These included designing tailor-made courses such the 'Junior care worker programme', a trainee managers programme and staff mentoring scheme.
- A lecturer from a local college had praised the programme and told us the care workers sent for training from Bellcare were particularly well-informed, knowledgeable and eager to join in and learn.
- The deputy manager designed and delivered a creative dementia awareness training course to care staff and also included people and their relatives, community professionals and others in the community including the fire service, taxi drivers and opticians. This had also been highly praised for its innovation and thought-provoking content. The deputy manager designed and delivered a dementia awareness training course to care staff and people using the service. They also included community professionals and others in the community including the fire service, taxi drivers and opticians.
- Comments from people using the service about staff included, "They are very knowledgeable, they know their stuff." And, "I trust them, they know what they are doing. New staff are well trained and they check up on them regularly."

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

- People's care plans contained good information to support people to have enough to drink and to eat. People's preferred way of being supported was recorded, such as what food people liked and how they liked to eat it. One relative said, "The carers prompt [Name] to make sure that they are making their meals regularly. They remind them of the use by dates of items in the fridge and offer to help with a shopping list."
- All staff received training on nutrition, malnutrition and hydration. Staff had a good understanding of people's nutritional needs. Staff were made aware of any risks associated with eating and drinking such as food allergies or swallowing problems and reported any changes or concerns to their line manager for further investigation by the appropriate health care professional.

Adapting service, design, decoration to meet people's needs

- The provider used technology in innovative ways to promote the effective delivery of care. They had implemented an electronic staff rostering system linked to risk and level of need to prioritise visits based on medical need in hazardous weather conditions. The service provided 4x4 vehicles and set up a staff buddy system for back up in poor weather.
- The office was suitable for the purpose with good facilities for staff such as a large training and meeting room. Ground floor rooms were available for people with limited mobility.

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. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

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

- People's rights were respected because the provider sought appropriate consent to care and recorded peoples' capacity to make decisions. Senior staff visited people to go through their care plans to ensure they understood and consented to care. If people were not able to give their consent, this would be sought from a person who had legal authority to consent on their behalf. These actions were in line with the requirements of the MCA. One person told us, "The staff always ask me first if I want to do something. They are good like that."
- Staff received training and had a good understanding of the MCA and their responsibilities.

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; respecting equality and diversity

- The staff were kind, friendly and caring and treated people with respect. People talked very well of the agency and often talked of them 'going the extra mile'. One person told us, "The service is fantastic. I couldn't ask for better. The girls are so caring with me, they tell me what they are going to do before they do it and check that I am alright all the time, they are so good." A relative told us, "The care he had was absolutely wonderful, lovely sense of humour."
- The provider demonstrated its respect, value and compassion for both people using the service and staff. They did this in a variety of ways: by organising parties and covering the costs for the events including disabled transport, taxis, entertainment, food and beverages, gifts and prizes for all who attend. People and staff receive gifts for Christmas and birthdays. This year the gift was a 'hug in a mug'. Bellcare also presented a long and exemplary service award to those staff who become eligible.
- Each person had their life history recorded within their care records which staff used to get to know people and to build positive, caring relationships with them. People told us staff knew them well and cared for them in the way that was considerate. One staff member told us, "It's a rewarding job being able to help put a smile on someone's face."
- The registered manager and staff documented people's diverse needs and assisted them to maintain their different requirements. All staff had training in human rights and equality and diversity awareness.

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

- The service cared and valued the thoughts and views of people who used the service. Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records contained evidence the person who received care or a family member had been involved with, and were at the centre of developing their support plans. One person told us, "The staff are fabulous, always there for you. I always feel I can talk to them and they listen. They often check my care plan to see it still suits me. We have a laugh too."
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's human rights. We saw staff had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.

- People told us their independence was encouraged. One relative told us, "They [care staff] are all good at getting [relative] to do as much as possible. They let [relative] help them make the beds when well enough and are very good at encouraging [relative] to join in. They don't undermine [relative] at all."
- The provider was proactive in working with commissioners of the service, occupational therapist and physiotherapist to reduce care packages where their support had led to people becoming more independent. The providers positive risk-taking and support had very positive outcomes for people regaining skills and becoming less dependent on the support of carers.
- People's confidentiality was respected and people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

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

- People's care files were person-centred and individualised to give staff clear guidance about people's specific needs and how these were to be best met.
- Senior staff met with people to identify what they would like to achieve from receiving care services. This information was then documented in people's care plans along with tasks for staff to help people meet these goals.
- The registered manager acted responsively to people's changing needs by rearranging care visits, scheduling additional care and contacting professionals to help ensure people had the support they required. They provided 'Fast Track' care to prevent a hospital admission or facilitate a discharge from hospital. Bellcare care planning managers were trained to assess people and change care plans in an acute situation and to ensure staff had the training to respond appropriately at short notice.
- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. The people we spoke with were all happy with the service they received and had no complaints. They told us they knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The provider had a complaints policy. This detailed how people could make a complaint and how these concerns would be investigated. The policy also detailed external agencies that concerns could be referred to such as the local authority.
- Records of complaints demonstrated the provider investigated concerns thoroughly and wrote back to people to relay the outcome of investigations. Where complaints were upheld, the registered manager wrote to complainants to apologise, outlining actions taken to avoid future reoccurrence. This demonstrated they had an open approach to working with people when they had complaints or concerns.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. Although none of the people supported were currently at the end of life, we were informed the service had worked alongside the person, their relatives and other health professionals to coordinate end of life care.
- The provider had been proactive in developing medicines training and revising policies to ensure that people who were prescribed controlled drugs at the end stages of life were pain free and could remain in their own homes.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-organised and there was a clear staffing structure. There were co-ordinators and supervisors whose role was to organise staffing rotas, supervise care staff and ensure people's care plans were up to date. Each member of the provider's senior staff was knowledgeable in their role and clear about their duties. The registered manager reviewed each senior staff member's work performance using a set of key performance indicators specifically related to their role. This enabled them to identify strengths and training needs.
- People spoke positively about how the service was managed. They informed us the registered manager was approachable and had a good understanding of people's needs and backgrounds. One person told us, "I like the manager and I trust her and the staff. I can talk to her at any time."
- The service followed all current and relevant legislation along with best practice guidelines, for example, using current good practice in dementia care from the National Institute for Clinical Evidence. The registered manager understood their role in terms regulatory requirements. For example, when notifications should be sent to CQC to report incidents that had occurred and required attention.

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

- The registered manager was open and transparent. They focused on the needs of the person and on their well-being and strived to ensure the quality of the service and care.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. One relative told us that they were always contacted by the service when something went wrong. They said, "They are very good like that, very open. They let me know if the timings of the visits have not been met and we get to the bottom of it and sort it out."
- The provider was engaged in projects to improve services given to people. They were part of a rural project initiative with the local authority to provide a more holistic, single point of contact service to people in rural areas. This entailed training staff to provide delegated health care tasks as well as general personal care.

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

- People were encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- The service had sought the views of people they supported through annual satisfaction surveys. The

results were very positive with a 90 % satisfaction rate. Actions had been addressed for any areas where people felt improvements could be made. This showed the service listened and responded to the views of the people they supported and their family members.

- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support. One member of staff told us, "The manager is really good at listening. I can talk to her about anything and she will always try to sort anything out."

Continuous learning and improving care

- There was a strong emphasis on continually striving to improve their service to deliver the best possible care for people supported by Bellcare. This was supported by a variety of systems and methods to assess and monitor the quality of the service. The manager carried out regular audits that included medication, complaints, financial records, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, provided a quality service and the people in their care were safe.
- When people had been discharged from hospital for rehabilitation the service had worked in line with the principles of reablement to promote skills and independence. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.
- We received positive feedback from health and social care professional about the providers openness and willingness to work with them and to develop new services. This was demonstrated by Bellcare stepping in to support people whose care agency had closed with very little notice given. Adult social care professionals commented on how this was done in a very professional way with care and consideration given to both people receiving the service and to the staff.