

Bella Home Care Ltd

Bella Home Care

Inspection report

4 Manor Farmhouse
Lime Avenue
Leamington Spa
Warwickshire
CV32 7DB

Tel: 01926259463

Website: www.bellahomecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bella Home Care is registered to provide personal care to older people and older people who may have a cognitive impairment. Care and support is provided to people who lived in their own homes at prearranged times. At the time of this inspection visit, Bella Home Care provided personal care to 60 people. Care calls ranged from 15 minutes to three hours in duration. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The service does not currently have a registered manager in post which is a condition of registration. The provider confirmed an application to put a registered manager in post was underway.

The provider's systems and processes were not always effective to ensure checks were completed at the required intervals. The quality and safety of the service people received was monitored by the provider and through checks from senior staff and an external consultant. However, limited records for some checks did not always support this and some checks had lapsed during the COVID-19 pandemic. The provider assured us these would be reintroduced and tighter controls over quality audits, especially when delegated to others, would be improved.

Risks related to people's care were recorded but these were not descriptive enough to tell staff, how and what worked well, to manage specific risks. There were some instructions for staff to follow to manage identified risks. However for some risks, such as risks related to risks of falling or people whose actions could cause them or others distress, these needed to be more personalised. Audit systems had not identified this.

People's plans of care were sufficient for staff to provide safe care, however these required a thorough review to ensure staff continued to provide consistent care. In some examples, there was conflicting information between the support people used to have and what was required now following a change in their overall health and well-being.

The majority of people and relatives spoke positively about the service they or their relative received, however some people told us about some concerns related to staffing, care call management and the effective management of the service. People's feedback through annual surveys had not taken place, although the provider said telephone reviews did happen. Not everyone we spoke with confirmed this.

People were safe because staff were recruited safely, however some improvements to the storage of those files and the evidence kept on file, would help demonstrate the checks that had been undertaken.

Staff and the provider knew how to keep people safe and protected from abusive practice by referring to the relevant agencies. We reminded the provider about their legal requirement to notify us which had not

always happened, although the local authority had been kept informed.

People said staff teams were usually the same cohort of staff, were responsive and if changes were required, these were put in place and staff knew what to do. People were cared for by staff who attended training relevant to their roles. Staff also benefitted from further developmental opportunities which they could undertake if they wanted to expand their care knowledge. Conversations with staff showed intervention by a GP, psychiatrist and occupational therapists had been sought to help ensure, people's health and welfare was maintained.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19. People and relatives said staff wore PPE throughout their care calls.

Staff said there was limited or no reliance on agency staff, which meant the staff team understood each other and each other's strengths, plus people's preferred routines. Staff said they worked well as a team and enjoyed working at the service.

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

Rating at last inspection and update

The last rating for this service was Good (published 04 January 2018).

Why we inspected

This was a focussed inspection. The inspection was prompted in part due to concerns received about staffing and a lack of managerial oversight. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bella Home Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 17 good governance at this inspection. For requirement actions of enforcement which we are able to publish at the time of the report being published; please see the action we have told the provider to take at the end of this report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bella Home 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector who visited Bella Home Care offices on 16 November 2021. Off site, one expert by experience undertook telephone calls to people and relatives who consented to us calling them. An expert by experience is someone who has experience of using this type of service. These calls were completed on 15 November 2021 and three inspectors made staff telephone calls on 15 and 16 November 2021.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a registered manager at the time of our visit. The provider was in the process of supporting a registered manager application for one of their staff. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service. We used any information the provider had sent us since the previous inspection. The provider had been asked to complete a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held, such as people and relatives' experiences and statutory notifications and information shared with us by the local

authority. We used all this information to plan our inspection.

During the inspection

We spoke with six people who received a service and seven relatives of those who were supported by the agency to get their experiences about the quality of service. We spoke with seven members of staff including an external consultant, deputy manager, care co-ordinator and senior carer. In the report, we refer to these people as staff. We also spoke with the provider who was the owner.

We reviewed a range of records. This included sampling three people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, and systems to manage care call timings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were managed safely, however people's records required better documentation of those risks.
- Risks associated with certain health conditions such as increased frequency of falling and risks related to changes in behaviour, were not always written in the person's individual care plan. However, when we asked staff about how to minimise those risks, they could tell us.
- Care reviews had not always identified or recorded where potential risks had emerged or increased. Whilst staff knew what to do to manage risks and staff felt communication was good, the provider agreed to review all the care records to ensure risks were correctly identified, recorded and reviewed. This would ensure plans of care remained relevant and informative for staff to provide consistent care.

Using medicines safely

- People received their medicines safely. However, where people had medicines administered on an 'as needed' basis, there were no protocols to tell staff, when and how to give that medicine safely. Staff told us they knew when to administer those medicines, but the provider agreed to put these protocols in place immediately following our visit, so staff were consistent when administering those medicines.
- Where staff did support people, records confirmed what medicine was provided and when.
- Checks of medicine administration records and observed practice of staff's competency ensured medicines were administered safely.

Staffing and recruitment

- Recruitment checks were completed. The provider said when they recruited staff, all security checks were completed to ensure staff were safe to work with people and of suitable character.
- Systems to check employment histories and how staff recruitment files were safely stored, needed improvement. One recruitment file we wanted to see, was not in place. The provider understood their obligation to retain staff files for the required time period.

Preventing and controlling infection

- People were supported by staff who they said followed safe infection control practices. A typical comment was, "They do wear mask and gloves".
- Staff told us they had enough personal protective equipment (PPE) and they disposed of used PPE safely.
- One staff member explained how they provided a safe service to one person, but also how this kept other people safe and minimised the risk of cross infection. This staff member said, "We had one person that came

out of hospital with an infection, I cared for this person on my own, did all their calls, and didn't have contact with other people or staff." They said, "This meant that any infection possibility was really minimised."

- Staff followed their training as well as updates in government guidance which helped keep them as those they supported, safe. Staff continued to be part of the COVID-19 weekly testing programme.

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and through individual staff supervisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives were also confident their family members were safe when care staff provided support. Comments included, "Yes very safe, we like the continuity of care, we have no issues" and "Yes I know she is quite happy with Bella Home Care. [Relative] feels safe because they are good and reliable."
- Most people confirmed the same staff team supported them which made them feel safe because staff got to know them and their preferred routines.
- Staff told us they had received training in how to keep people safe and told us how they would report safeguarding concerns.
- The provider had referred to the local authority safeguarding team when concerns were known.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people told us they received a good standard of care and support which was personalised and met their individual needs and preferences.
- Care calls were agreed by people and their relatives and they were completed at the preferred times. In most cases, people said their care was provided at the agreed times.
- The provider explained how they allocated people's care calls to ensure continuity of staff was maintained, especially for calls requiring two care staff. Calls were planned to reduce travel time and records showed, the same staff teams were allocated to each person.
- Staff confirmed they visited the same people which helped them become familiar and confident to support the person in the way they preferred.
- Individual care files contained a range of person-centred information, including a profile of the person, a summary of their care needs, what was important to them and what was required on each care call. Reviews took place but we found in some examples, the review had not identified and recorded changes in care. The provider agreed to review all care plans, so they continued to support consistent care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to understand the literature in its written form.
- Staff said most people had a family member who could help the person, or staff recognised people's individual communication abilities and supported them where necessary. This included speaking more clearly and understanding people's individual communication cues, such as hand gestures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of stimulating people's social engagement. Staff said they talked with the person as much as possible on each call. Length of agreed call times meant this was not always as long as the person wanted, but this was appreciated. Relatives confirmed staff spent time talking with their family members.
- Staff shared examples of how they had cared for people during the pandemic. One staff member told us how they had gone the extra mile in helping assist a person with their mental health during lockdown, visiting in their own time, being someone, they could talk to at low points.

Improving care quality in response to complaints or concerns

- There was a process for people and relatives to follow which was known and understood.
- From calls with people and relatives, we received mixed feedback about the responsiveness of concerns when made. Comments included, "I hate ringing Bella Care you don't get any further - nothing is settled, I suppose they try" and "They [staff] are very good and we have had no issues."
- Not everyone knew who the manager was, however, they knew who to contact to raise a concern, however for some people they had limited confidence improvements would be made.
- The provider told us they were in regular contact over the telephone and through surveys with people who they constantly asked if everything was okay or if there were any improvements they required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to identify, monitor and improve the service required strengthening, more oversight, especially when checks were delegated to others to ensure they were effective.
- There was limited evidence presented to us for recent audits we would expect to be completed, such as care plan quality, care reviews, medicines, daily records and call monitoring. Some completed audits had not identified what we found, such as missing PRN protocols, missing staff recruitment file and care plans that required updating. There was no clear structure of checking audits had been completed effectively and actions had been taken.
- The external consultant and the provider told us how keeping people safe during the pandemic was their primary responsibility. One quote said to us was, "The last two years we have tried to keep going and keep people safe rather than keep improving." They recognised their systems needed updating.
- The provider told us annual feedback surveys had not recently been completed through the pandemic; however, these were planned to be restarted. Regular reviews and keep in touch conversations were held to get people's feedback on the care they received. However, some people shared some of their concerns around staffing and the effectiveness of the overall management.
- The provider and the external consultant agreed to review their quality audits and the recording of actions taken to help demonstrate and improve quality where this was identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service has not had a registered manager since 26 November 2019. The provider has recruited managers, but they have not always been registered with us or they had left the service. The provider said an application to have a registered manager had been submitted to us.
- Where reportable incidents were shared with the local authority, they had not always been shared with us. The provider assured us they would send us a statutory notification in future for a notifiable incident.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- We got mixed feedback about people's involvement in their care. Some people told us they had not been part of any reviews of care, others had.
- People and their families said additional support from other health professionals was arranged and their advice followed. Where people or families asked staff for something, for example, an extra call or an additional task, this was arranged.
- With one exception, staff comments were positive. Staff felt this was a good agency and they felt supported, well trained and valued. One staff member told us they enjoyed getting feedback from people which made them feel valued. They also said the management at this service was good and approachable.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider said they had registered with skills for care and forums with the local authority, so they had regular updates on information, good practice and important updates regarding the pandemic.
- Internal communications through staff meetings kept staff updated on latest guidance and best practice.
- The provider used the services and experience of an external consultant who helped them keep up to date on regulatory issues and good practice. With less pressures on their time, the provider and external consultant had identified themselves, what needed improving and plans were in place to address these areas.
- Staff said regular meetings provided an opportunity for them to discuss and share ideas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety related to managing risks.