

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?	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

Bellcare Domiciliary Care Services Ltd is a domiciliary care service providing personal care to older and younger adults, including people living with dementia, physical disabilities and learning disabilities and/or autism. The service was supporting 164 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is 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

People received safe care from a consistent staff team, who were knowledgeable about how to keep them safe. People were supported by the provider to take positive risks. People were protected from abuse and avoidable harm. The provider had systems in place to escalate any concerns identified and learn lessons when incidents occurred.

People's care was effective. Robust assessments of people's care needs and detailed care plans were used to drive person-centred care that met their needs. Staff had the knowledge, skills and experience to provide care to people. People were supported to receive coordinated care from the provider and alongside other health and social care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives consistently praised the caring approach staff demonstrated. One relative said, "The staff are so kind and caring, nothing is too much trouble for them, I know when I can't visit [person] will be fine." People felt respected and treated with dignity.

People received responsive, individualised care. The provider regularly reviewed people's care and made changes to ensure it remained appropriate. People and their relatives knew how to raise concerns or complaints, with effective systems in place to ensure these were addressed and improvements sustained.

The provider had a strong value base and vision, reflected in the care people received. One care worker said, "We are trying to help people be as independent as possible and are person-centred with every person. We always work to these values." This value base motivated care staff to provide consistently high quality care to people and supported the provider to strive to make further improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

- The service supported people to have the maximum possible choice, control and to independence They had control over their own lives.
- Staff focused on people's strengths.
- Staff supported people to pursue their interests and access their local area.

Right Care

- Staff promoted equality and diversity in their support for people.
- People received kind and compassionate care. Their privacy and dignity were protected.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

- People received good quality care.
- Staff knew and understood people well and were responsive.
- People's wishes, needs and rights were at the heart of everything the service did.

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

Rating at last inspection

The service was registered with us on 13/07/2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on when the service was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and two Experts by Experience, who supported the inspection remotely by speaking to people that use the service and their relatives. 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 April and ended on 20 May 2022. We visited the location's office on 27 April and 03 May 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 11 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, director, deputy manager, trainer, office staff and care workers. We received written feedback from two health and social care professionals who regularly work with the service.

We reviewed a range of records. This included 13 people's care records and multiple medicine records. We looked at two staff files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including accident and incident records, quality assurance documents, training information and a sample of the provider's policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently protected from avoidable harm and abuse. Staff throughout the service, including the director were dedicated to keeping people safe.
- Staff followed the provider's safeguarding policies where risks to people were identified. Any concerns were escalated to the relevant authorities in a timely way.
- People and their relatives felt safe and confident in the staff supporting them. One relative told us, "The care staff look after [person]. [Person] would just tell the care staff if they didn't feel safe."

Assessing risk, safety monitoring and management

- The provider had a positive approach to risk and recognised the importance of people being able to pursue their goals and aspirations.
- Staff were knowledgeable about the risks to people and knew how to keep them safe.
- Risk assessments were completed for areas of identified risk to help guide staff in how to maintain people's safety and reduce potential risk. We identified some areas where additional risk assessments were needed, including bedrail risk assessments, managers addressed this during the inspection.
- Risks linked to people's home environments were identified by the provider to keep people safe.

Staffing and recruitment

- Safe recruitment practices were followed.
- People and their relatives told us they received support from a consistent team of staff.
- Staff were noted to be reliable and punctual. People were notified if care workers were going to be late.
- The provider had introduced an electronic system to enable call visits to be monitored closely and that any issues were identified responsively.

Using medicines safely

- People were supported to manage their medicines safely and be independent with these where possible.
- People received the right medicines at the right time. Staff followed the provider's processes to safely administer, record and store medicines. One person said, "Care staff give me my tablets, I have them to take every night and they keep us right on them."
- Protocols were not always in place to support the safe and consistent use of 'as and when required medicines'. We discussed this with the registered manager, who introduced these records.
- Senior care staff and managers checked medicine administration records to ensure records were properly and fully completed.

Preventing and controlling infection

- The provider had an up to date infection prevention and control policy in place to support best practice.
- People and their relatives told us staff used PPE appropriately to prevent the risk of infection. One person said, "All the way through the care staff have worn gloves, aprons and masks and they still do, I have never had any concerns that I am not safe."

Learning lessons when things go wrong

- The provider had an open and transparent approach to safety. This encouraged staff to raise any concerns and feel fully supported to learn from any incidents. One staff member told us, "If I've made a mistake, I've always been supported."
- Accidents and incidents were monitored and appropriate action taken in response to them.
- Trends and patterns were not always being looked at to consider wider learning and improvements. The director advised this would be considered as part of the provider's electronic care system, which was in development.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 care needs were robustly assessed in line with best practice by staff to ensure the service could meet their needs and support them to achieve their preferred outcomes. One health care professional said, "[The provider] always obtains as much information as they can and discuss all individual care plans."
- People's care plans reflected a good understanding of their needs. Their records were person-centred and strength-based.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate knowledge, skills and experience to provide their care.
- Staff that were new to the service undertook an induction and shadowed more experienced staff. This helped staff understand people's needs and build relationships with them.
- Staff received specialist training when needed to meet people's specific needs. For example, one staff member described them and other staff receiving bespoke epilepsy training to equip them with knowledge to support a person.
- Some staff had not completed recent training in line with the provider's policies, we discussed this with the registered manager, who told us they would review this.
- Supervisions and spot checks were used to support staff and monitor the quality of care provided.
- Staff were supported to develop. A manager development training programme offered staff the opportunity to progress within the provider.

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

- People were supported to access food and drink when needed. One person said, "I always get a can of pop or a bottle of water, care staff make sure before they leave."
- Information was recorded in people's care records about their likes and dislikes where they needed support with eating and drinking.
- Staff were aware of risks relating to people's eating and drinking. We spoke to managers about ensuring all relevant risk assessments were in place.

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

- Staff worked collaboratively with services to understand and meet people's needs.
- The provider had clear systems in place for referring people to health and social care services in a timely

way. One person said, "The care staff have called my doctor and an ambulance in the past for me when I needed them to as I was poorly."

- Managers had introduced hospital passport records to ensure information about people's health and social care needs was shared between 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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff sought consent from people before providing their care.
- The provider understood their responsibilities in accordance with the MCA. We spoke with the registered manager about work needed to ensure records were maintained, including records to show where people had representatives authorised to act on their behalf. The registered manager took action to address this during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People and their relatives were consistently positive about the caring attitude of staff. One relative said, "I would give 10 out of 10 for the service, mainly because the staff are so engaging and caring and I wouldn't change a thing." A person also told us, "All of the care staff are very nice to me and nothing is too much trouble at all to them, whatever I want them to do for me they do with a big smile."
- People's equality and diversity needs were supported and promoted by the provider.
- People were treated with respect at all times. One person said, "The care staff are all so respectful to me and I do believe they really care about me."

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

- People were supported and encouraged to make decisions about their lives. Staff respected people's choices, including when they chose to make unwise decisions.
- Staff took the time to understand people's communication styles and needs to support them to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of providing dignified care. One person said, "They ask me what I would like to do, I have my pride and it's important to keep it."
- Care staff spoke about people in a respectful, warm manner.
- People's preference for male or female staff was respected.
- Staff at all levels demonstrated a passion for their work and ensuring people had a good quality of life.
- People were supported by staff to be independent and live in their own homes. One senior care worker described how their staff team had worked with the registered manager to support a person to remain at home as long as possible. They said, "[Registered manager] went through things that helped. When [person] went into residential care, we'd done everything we could to support [person] at home."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans had a strong person-centred focus, reflecting how each element of a person's care should be provided according to their needs and wishes.
- People were treated as individuals. One relative told us, "The care staff have an interest in the person, they will talk to [person] about the things they like."
- People's care arrangements were regularly reviewed and adapted in response to their changing needs and support requirements. One social care professional said, "Bellcare have remained flexible and want to find or consider what will work best for each person."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood by staff. Details of their support requirements were included in their care records.

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

- People were supported to access community services and feel part of their local areas. This had a positive impact on people's wellbeing and prevented them becoming socially isolated
- People were encouraged to build and develop relationships with others within the 'Bellcare family' through community events held by the provider.
- Staff ensured people were able to maintain relationships that mattered to them and attend family events. The provider received a compliment thanking staff for their support in enabling their family member to attend a family wedding, they wrote, 'It meant the world to be able to have [relative] there and Bellcare helped to make it really special for [person] and us.'

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints and were confident that they would be listened to.
- The provider had effective systems in place to share learning from any complaints and ensure

improvements were sustained.

- People and their relatives noted the responsiveness of office staff and management.

End of life care and support

- Staff understood the importance of people having a comfortable, pain-free death and worked effectively alongside other professionals to provide this.
- The service had received compliments about the support provided to people at the end of their lives. One relative said, "All the time [family member] was ill I couldn't fault them, not only did they look after [person], they looked after me, checking I was looking after myself."
- Information was not consistently recorded about people's preferences and choices towards the end of their life. The management team were looking at how these records could be developed and approached sensitively with people and their relatives in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had clear person-centred vision and values. This was reflected in people's experiences of their care and staff views. One staff member had given the following feedback in a recent staff survey, 'Everyone wants the best for people and I feel that is most important.'
- Managers worked directly with people and led by example.
- Staff were motivated and committed to working to the best of their abilities to ensure people received good outcomes. One care worker said, "When I go to a person I give them 100%, I do that with all the people I visit."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was visible in the service, approachable and took a genuine interest in feedback from people, relatives, staff and other professionals. One senior care worker told us, "I feel like I could go to the managers with anything. I wouldn't feel nervous about approaching them. They are calm and friendly, if they don't know the answers they'd come back to me."
- The management team understood their responsibility relating to duty of candour and were open and transparent in their approach.
- Staff understood their roles and responsibilities. They knew how to seek advice and support. One staff member said, "There's always someone there to answer my question if I've got a query about medicines for example."
- The provider did not always have a robust system in place to support them to identify when statutory notifications were needed. These are events providers are required to tell CQC about. Following the inspection, we saw evidence changes had been made and were assured the provider knew when to notify CQC about events.

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

- The provider was committed to building a community or 'Bellcare family'. People and staff felt included and spoke positively about this.
- The provider proactively engaged with staff to seek their views on the service through a range of means including informal discussions, supervisions and surveys. Feedback from staff was used to inform changes

within the service.

- The management team made efforts to ensure care workers felt valued and supported, which had a positive impact on the culture within the service and the care staff provided.

Continuous learning and improving care

- The provider had a strong learning and improvement culture and was committed to finding and developing innovative solutions.
- Some of the changes the provider was making had yet to be embedded. For example, the introduction of a new falls management approach.

Working in partnership with others

- The provider worked transparently, collaboratively and openly with other organisations.
- The provider was well respected by health and social care organisations they worked in partnership with. One social care professional told us, "I have worked with Bellcare for many years and the consistency of care provided has remained high."