

Baines Care Limited

Baines Care Ltd

Inspection report

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11 November 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Baines Care Limited is a domiciliary agency providing care and support to people in their own homes. 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. At the time of the inspection they were providing personal care to 25 people.

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

Guidance for staff about how to move people safely and information regarding people's health conditions were not consistently completed to make sure people were as safe as possible. Quality checks had not identified the shortfalls found during the inspection.

People felt safe receiving care and support from regular Baines Care staff. People told us staff arrived on time and stayed for the right amount of time. One person said, "I do feel quite safe with them coming in. They are always on time". People were protected from the risks of abuse and discrimination by staff who were trained to recognise the signs and knew how to report any concerns. Staff had been safely recruited and there were enough staff to provide people's support when they needed it. The provider and registered manager considered travelling time to make sure staff had enough time to spend with people and were not rushed.

People's health care needs were assessed, monitored and reviewed and their care plans were kept up to date with any changes. Staff completed regular training to keep up to date with best practice and felt supported by the management team. Staff worked with health and social care professionals, such as social workers and community nurses to support people to remain as healthy as possible. 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 told us the staff were very caring. A relative commented, "They are very, very good. The girls that take care of [our loved one] are very patient and kind to them". People said their privacy and dignity were respected. People had built trusting relationships with staff and the staff knew them and their preferences well.

People knew how to complain and told us they did not have any complaints. The provider and registered manager welcomed feedback and addressed any minor issues as they arose. These had been satisfactorily resolved.

People told us the service was well-led and they would recommend Baines Care to others. The provider and registered manager worked closely with the staff team and health care professionals to provide effective, joined-up care and support.

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

Rating at last inspection

This service was registered with us on 16/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our current inspection programme.

Enforcement

We have identified a breach in relation to inconsistent detailed guidance for staff about how to move people safely, the lack of information regarding people's health conditions.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Baines Care Ltd

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 was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 November and ended on 11 November 2019. We visited the office location on 06 November 2019.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people and four relatives about their experience of the care provided. We spoke with five staff, the registered manager and the provider. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including 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 for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not consistently assessed, identified and managed. Guidance for staff on how to reduce risks to people was not always detailed.
- Information about how to move people safely using a hoist was not consistently recorded. Some people's care plans included a guide written by the occupational therapist. Other care plans contained no guidance for staff about how to use the equipment other than to check it is in full working order. Whilst staff had completed training about moving people safely there was a risk equipment may be used incorrectly.
- Some people lived with diabetes, which they managed themselves. However, there was no guidance for staff about how the person presented if their blood sugars were too high or too low. The registered manager confirmed they had not discussed this with people and staff did not have this information. There was a risk that staff would not spot any signs of a person's health deteriorating.

We did not identify that anyone had come to harm. However, the provider failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Risks, such as the risk of falls and the need to use special equipment were assessed. There was guidance for staff about how to reduce these risks.
- People's home environments were assessed to make sure they were safe for staff to work in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and discrimination. Staff wore a uniform and an ID badge, so people knew who they were.
- People told us they felt safe with staff from Baines Care supporting them. Comments included, "I do feel quite safe with them coming in".
- Staff completed training about how to keep people safe. They knew how to recognise signs of abuse and understood who to report any concerns to. Staff said, "I know if I ring the office I can be confident they will act on it. When I have raised something before, they have been straight on to the GP, social worker and whoever is needed" and, "If I was concerned about a service user, I would talk to the office. I know I can go to the local authority or CQC if I needed to, but I would absolutely trust the office staff to do the right thing".

Staffing and recruitment

- People were supported by a regular team of staff and there were enough staff to provide the right support. People told us they had regular carers who arrived on time and stayed the right amount of time. They said,

"They are normally on time and do everything I need them to do" and "They are always on time and I have got the same people coming in three times a day".

- People were supported by staff who had been recruited safely. Disclosure and Barring Service criminal record checks were completed to help the provider make safer recruitment decisions. References were obtained to check people were of good character.
- The provider and registered manager considered travelling time to make sure staff had enough time to spend with people and were not rushed. The provider was recruiting to ensure there were enough staff to provide people's care and support as the business continued to grow.
- An on-call system was used outside office hours for staff to obtain advice if needed. Staff told us this worked well.

Using medicines safely

- People were supported to have their medicines safely and on time. One person said, "[Staff] make sure I have taken my medicines. One day I refused to take my meds and [two staff] were really good. They reminded me why I should take them and encouraged me. In the end I took them".
- Staff were trained in medicines management and their competency was assessed before they began supporting people with their medicines.
- Some people did not need support from staff to take their medicines. They were encouraged to administer their own medicines to remain as independent as possible.
- There was guidance for staff, in people's care plans, about how they preferred to take their medicines. When people had prescribed pain relief patches, staff used a body map to record where the patch was placed each week, in line with best practice.
- Medicines audits were completed to check people were receiving their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood their responsibilities in relation to infection control and hygiene. They completed training to keep up to date with best practice.
- Staff told us they had access to hand sanitiser gels and other personal protective equipment. Staff said, "I have gloves, aprons and shoe covers. When I need more I just get them from the office they always have stock of everything".

Learning lessons when things go wrong

- There were systems in place to record and monitor accidents and incidents. These were discussed with the staff team to check if there were any lessons to be learned and to reduce the risk of an incident happening again.
- Action was taken to involve relevant health care professionals. For example, referrals had been made to tissue viability nurses and occupational therapists.

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 needs, choices and preferences were assessed. People told us they met with the registered manager or provider before they began using the service. This was to make sure the provider could be confident they could provide the right support. They said, "We met with the manager and discussed what we needed them to do and took it from there" and "They came and met me and talked about what I needed".
- People's needs were assessed using recognised tools. For example, to understand their risk of malnutrition or developing pressure areas.
- Assessments included meeting any needs and lifestyle choices a person may have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to disability, sexuality and religion. Valuing and respecting these protected characteristics formed part of the provider's 'mission statement' which was given to each person when they began using the service.
- These initial assessments were used to develop individual care plans.

Staff support: induction, training, skills and experience

- New staff completed an induction when they began working at the service. They worked alongside experienced colleagues to get to know people and their routines. The provider told us, "There is no definitive number of shadow shifts. It depends on each new staff member. They have whatever time they need to feel confident. Some only need a few shifts and others have shadowed for two weeks".
- Staff completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Staff kept up to date with best practice by completing training in topics such as, moving and handling, safeguarding, emergency first aid and dementia awareness.
- Staff told us they felt supported and confirmed they met with the provider and registered manager to discuss their personal development.
- People felt confident the staff were well-trained. They told us, "I would say they know what they are doing. Well, they do everything I need and do it well. In fact, if they are finished everything a little bit early they will sit down and have a chat with me which is lovely. They honestly can't do enough for you".

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

- People were supported to eat healthily and drink plenty. Staff made sure people had drinks within reach when they finished the call.
- Some people were supported with their meal preparation whilst others were supported by family. Staff said, "I cook whatever they would like. [Person] really enjoys a steak, so that is what they have".

- When people needed support with meal preparation there was guidance for staff. This included people's preferences and any known allergies.

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

- People's physical and mental health were monitored and reviewed.
- Staff worked closely with people's health and social care professionals. For example, staff supported a person to meet regularly with their social worker. The provider told us, "We have provided really good support to [person] and worked closely with the crisis team. This has reduced the number of incidents and hospital admissions". The person told us, "[The registered manager] has really fought for me and helped me with my social worker trying to get extra support hours. [Staff] has got experience in mental health so they really understand me. They are all so supportive. They are amazing".
- Staff knew people well and communicated effectively to ensure people's health care needs were met. Staff said, "We notice little things like when they are a bit off-colour. I always let the office know if someone isn't well. I offer to get a doctor. Sometimes people don't want you to so then I let their family know they are not too well".
- Staff liaised with health care professionals, such as the local authority and community nursing teams, to deliver effective, joined-up care.

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 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.

- People told us staff asked for their consent and explained what they were going to do before they provided support with their personal care. Staff told us, "I always ask service users about consent. I explain what I am going to do and make sure they are happy with that".
- People signed their care plan to signify consent to their care package. Staff recorded what decisions people could make and when they were supported by others to make decisions.
- When people had a Lasting Power of Attorney (LPOA) this was recorded in their care plan. LPOA is a legal document that lets a person appoint someone to help them make decisions on their behalf. The registered manager carried out checks to make sure the LPOA was valid.

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 told us they were supported by regular, kind and caring staff. They said, "The carers all seem lovely. They are very kind to [my loved one]" and "The girls have built a really good rapport with [our loved one]. It is comforting to know they are in safe hands and well cared for. The girls all have [our loved one's] best interest at heart. They are excellent".
- Staff knew people and their preferences well. Recent feedback received via a person's social worker noted, 'Really happy. Kind and compassionate and always ready to support over and beyond. You always take time to listen'.
- People's care plans included information about their life history, likes and dislikes and staff were knowledgeable about these. Staff spoke kindly and compassionately about the people they supported. People's lifestyle choices were respected.
- People felt staff knew them well and listened to them. One person said, "[Staff] put together a day to day plan for me so I know what I am doing. They bought me a colouring book which is lovely, and it is personalised with my name. It really helps when I am having a bad day and gives me something to concentrate on".

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

- People and their relatives were fully involved in developing their care plans. People were asked what support they wanted and how they would like it delivered. People were asked if they would prefer male or female carers. The provider and registered manager tried as far as possible to match staff to people.
- People were supported, when needed, to medical appointments so they could express their views and be fully involved in decisions about their care.
- People and their relatives told us staff were not rushed and had time to spend with them. One person commented, "I wanted to say a big 'thank you' for all the care. You all spent time listening and having a conversation. That kept me from going into a downward spiral, keeping me upbeat. Nothing was too much".
- When people needed support to help them make decisions about their care, the provider and registered manager contacted local advocacy services. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People privacy and dignity were respected, and their independence promoted.
- People told us staff were respectful and maintained their privacy and dignity whilst supporting them. A relative commented, "They are respectful and aware of [my loved one's] dignity, definitely".

- People were encouraged to do as much for themselves as possible to maintain their independence. For example, if a person was able to wash parts of their body, staff encouraged them to do this and supported them with the rest.
- People's confidential personal information was stored securely, in line with General Data Protection Regulations, to protect their confidentiality.

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 physical, mental health, social and emotional needs were assessed, managed and reviewed with people and their relatives.
- People's care plans were individualised and included things and people that were important to them. They were updated to reflect any changes in a person's needs or preferences when needed.
- People and their relatives told us staff were responsive to their needs. Relatives said, "They noticed he was coming down with an infection, they were very good. We have a care plan with everything they have to do in it" and, "The girls have been so good. We have learned things from them and they have given us advice. Things like where we could buy [our loved one's] incontinence pads. Lots of things that are new to us. We feel a bit naïve about all this, so they have been a big help".
- Communication between carers and office staff was very good. People and their relatives also commented on the efficiency of the office staff. People and their relatives regularly contacted the office with questions and requests and staff responded promptly.

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.

- People's communication needs were considered during the assessment process and reviewed as people's needs changed.
- Care plans and other important documents, such as rotas, were provided in a format that suited people best. For example, care plans had been produced in larger print on coloured paper to support a person living with dyslexia.
- The provider told us they were proud to be a multi-cultural agency and they had supported people by providing Asian interpreters.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints and would contact the office should they need to complain. People said, "I have nothing to complain about. The office would iron out any issues I'm sure. I haven't needed to contact them, but rest assured I would" and "If I wasn't happy about something I would talk to the girls in the office".
- A relative commented, "From the beginning when we met [the provider] the communication has been excellent. When we had an issue about timings we spoke to them and they sorted it out straight away. We

wouldn't hesitate in complaining if we needed to, but we don't have anything to complain about".

- People were given a copy of the complaints process when they began using the service. There had not been any formal complaints. Minor issues had been recorded and satisfactorily resolved.

End of life care and support

- There was no-one being supported with end of life care at the time of the inspection.
- Staff completed training to enable them to compassionately support people on palliative care.
- Staff had previously worked with the local palliative care team. People's wishes for their end of life care, including any spiritual and cultural wishes, were recorded to make sure they could be respected.
- Staff had supported relatives when their loved ones had passed away. For example, signposting them to the Government 'Tell us once' information about who to contact after a person passes away to reduce the burden.

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 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; Continuous learning and improving care

- Quality audits and checks had not been consistently effective. Shortfalls identified during the inspection had not been identified. For example, the inconsistent detailed guidance for staff about how to move people safely and the lack of information regarding people's health conditions. This was an area for improvement.
- Regular spot checks were completed to monitor staff competency and action was taken to address any identified shortfalls.
- Daily logs, completed by staff, were checked by the registered manager and provider to help make sure people were receiving the right support.
- Regular management meetings were held, and a rolling action plan was used to monitor actions needed to drive improvements.
- People's care plans were reviewed with people and updated as needed. Medicines records were checked to make sure people had their medicines safely.
- A new electronic care planning system was due to be rolled-out. The management team and staff felt this would help make the service more efficient. One staff told us, "I am involved in getting the new application up and running. I will be championing the application and helping to train staff. It will be quite a challenge, but I am looking forward to it".

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

- People and their relatives told us the service was well-led and they would recommend Baines Care to others. The provider and registered manager welcomed feedback and people's comments were very positive.
- The provider had a set of values which were shared by staff. These shared values were about being respectful, passionate and responsible. The provider said, "Our vision is to provide the best possible care at the best possible standards by being diverse, open and honest". Staff spoke about delivering a high-quality service that would help improve and sustain people's quality of life.
- Staff spoke passionately about working with the team at Baines Care. They said, "[The provider and registered manager] run it well. I feel supported. They will always listen to any ideas and to what you have to say" and "The management are really easy going. It is a very relaxed company. We all work together. I love it. I don't want to work anywhere else".
- The provider and registered manager worked with staff each day and lead by example. They coached and

mentored the staff team.

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 provider and registered manager understood their regulatory responsibilities. They understood their responsibilities to ensure compliance in relation to duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment. The provider told us, "It is important to be open and honest, and to apologise if something has gone wrong".
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen. Notifications had been sent to CQC in line with guidance.
- There was an open and transparent culture. Incidents were discussed with staff to check if any lessons could be learned.

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

- People met with staff regularly to check they were happy with the support they received. Most people had only been receiving support for about six months and told us they had been able to provide feedback about the service.
- A quality assurance annual survey had been designed and was due to be sent to people by the end of the year. The provider told us they intended to analyse the responses to check if there were any areas for improvement.
- Staff worked closely with health care professionals to make sure they provided joined-up care and had received positive feedback.
- Staff said they worked closely as a team and they felt supported by the registered manager and provider. They told us, "[The management team] are really good. Everyone works together to give people good care" and "Baines Care is by far the best I have worked for. The management are excellent and very supportive. They are firm but fair. They listen when there is a problem".

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety.</p> <p>Regulation 12(1)</p> |