

Bellastouch Ltd

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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

Bellastouch Ltd is a domiciliary care service located within the Borough of Greenwich. It provides personal care and support to people living within their own homes. Not everyone using Bellastouch Ltd may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that 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 our inspection the service was providing support to one person.

People's experience of using this service

A person spoke positively about the service they received. Safeguarding policies and procedures were in place and staff had a good understanding of them. Recruitment checks took place before staff started work. There were enough staff to meet people's needs appropriately. Risks to people were assessed and there were systems in place that ensured medicines were managed safely. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs and wishes were completed and reviewed. People received support to maintain good health and to access services where this was required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported by staff who were kind and who understood their diverse needs. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place that provided oversight and good management of the service to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. People's views were taken into account and the provider used feedback to help drive service improvements.

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 the CQC in November 2020 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Bellastouch Ltd

Detailed findings

Background to this 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

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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager would be present and available to speak with. Our inspection activity started on 5 May 2023 and ended on 12 May 2023. We visited the office location on 5 May 2023.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority for information they had about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection

We met and spoke with the registered manager who is also the provider. Following the office visit we communicated with a person using the service to seek their feedback on the service they received. We reviewed a range of records including one care plan and care records, two staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

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 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

- Systems were in place to protect people from the risk of abuse or harm.
- Safeguarding policies and procedures were robust and staff received training in safeguarding and understood how to protect people from the risk of harm and abuse and the actions to take to report concerns.
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required and there were systems in place to oversee, manage and learn from accidents, incidents and safeguarding.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- A person told us, "The carer from Bellastouch Ltd is very experienced and skilled, she cares for me in an excellent manner and she ensures my safety when providing care to me, she is very professional, she communicates clearly, she listens to me and she is also patient with me when providing care and ensures that I am comfortable and happy."
- Risks to people were identified, assessed and documented to ensure their safety and well-being. Care plans documented individuals identified risks to help staff minimise and mitigate them when providing care and support. Risk assessments provided staff with up to date information and guidance on how risks should be managed; for example, when supporting people to safely mobilise with the use of equipment.
- Risks to people were regularly reviewed to ensure any changes to their needs were safely managed and met.

Using medicines safely

- At the time of our inspection there was no one using the service that required support with administering their medicines. However, there were robust systems and procedures in place that ensured people's medicines would be managed safely if required.
- Care plans contained medicine risk assessments, medicines administration records, PRN (as required) protocols and tools to capture information relating to people's medicines and medical conditions.
- Staff had completed up to date medicines training and were knowledgeable in managing and administering medicines safely.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.

- The registered manager understood the importance of reporting and recording accidents and incidents and how best to respond.
- Systems in place to monitor accidents and incidents enabled staff to identify any themes and trends as a way of preventing recurrence. Any lessons learnt encouraged shared learning with staff to ensure improvements that were required could be implemented.

Staffing and recruitment

- There were enough staff employed to meet people's needs when required.
- Arrangements were in place to deal with emergencies and to ensure management support and advice was available when required.
- Staff were safely recruited and pre-employment checks were completed before staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks and gloves were made available to staff.
- Staff had completed training on infection prevention and control.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment where this was requested.

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 were assessed before they started using the service to ensure they could be appropriately met.

People, their relatives where required, and health and social care professionals where appropriate contributed to the assessment process to ensure all individuals needs were considered and planned for. A person told us, "I was involved in the assessing and planning of my needs and wishes and my needs and wishes have been met by Bellastouch Ltd."

- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- Care planning tools documented people's nutritional needs, meal preparation requirements, known allergies, any risks when eating and any special dietary and or cultural requirements.
- Staff received training on food hygiene and diet and nutrition.

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 were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and understood the principles and application of these in practice.

- Care plans documented people's choices and decisions made about their care.

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

- People received support to access services to maintain good health and well-being when required. A person told us, "[Carer] accompanied me to my dental appointment when my family was not able to and I was glad she went with me, I didn't have to cancel my appointment. I am grateful to [carer] for this because my appointment time was not my regular care visit hour and she was willing to go with me when I asked her. My family and I are grateful to [carer] for this."
- Staff knew the people they supported well and monitored their well-being at each visit, documenting any issues or concerns. Staff knew how to respond in a medical emergency and had completed health and safety and first aid training.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. A person commented, "The carer from Bellastouch Ltd is very experienced and skilled."
- The provider supported staff through an induction programme, regular supervisions, staff meetings and on-going training.
- Staff were knowledgeable about the people they supported and received appropriate training to meet their needs. Training was delivered in person and by the use of online training tools. Training was provided in areas such as health and safety, moving and handling, equality and diversity, dementia, sensory awareness and person centred care amongst others.

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 were supported by staff that treated them with kindness and respect. A person told us, "The [carer] is very caring, she always gains my consent before providing care and support to me. She ensures that my privacy is protected when assisting me with personal care and she lets me choose how I want to be cared for."
- The registered manager and staff had built respectful relationships with people and their relatives. They understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs in relation to race, disability, sexual orientation and religion. For example, staff respected people's preference's for receiving support from male or female staff.
- Staff received equality and diversity training and the registered manager told us they were committed to providing a service which was non-discriminatory.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted and supported their independence and treated them with dignity.
- Staff ensured people's confidentiality was maintained. People's personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.
- People's views and choices were sought and documented within their plan of care. Care plans were reviewed on a regular basis to ensure individual needs and wishes were met and respected. A person commented, "I am involved in reviewing my care plan to see if my needs have changed from my previous assessment. The registered manager and carer communicates effectively with me and she ensures that my needs are met."

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; end of life care and support

- People's care and support was planned and delivered to meet their individual needs and wishes.
- Care plans documented people's physical, emotional and mental health needs as well as their personal history, lifestyle preferences and the things that are important to them. Care records were maintained on a regular basis by staff to ensure that people received their care and support as agreed and planned for.
- People had choice and control over their daily lives and staff respected and supported their decisions and wishes.
- At the time of our inspection no one using the service required end of life care and support. However, care plans allowed for people to document their end of life care wishes, should they choose to share this information. Staff had received end of life care training to ensure they had the knowledge and skills to support people appropriately where required.

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 and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the service produced information in different formats upon request that met people's needs. For example, easy to read or large print.

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 meet their social interests and needs where this formed part of their plan of care.
- Care plans supported the documentation of individuals social needs, interests, hobbies, social networks and any support required from staff to enable them to meet those needs.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints appropriately in line with the providers policy.
- People were provided with a copy of the providers complaints policy and procedure when they started

using the service. This included information on how to report any complaints or concerns and how the provider would address and respond to them. A person told us, "I am aware of how to make complaint and I have the complaint form with me. However, I do not have any complaints about the care I receive from Bellastouch Ltd."

- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and timely. At the time of our inspection no complaints about the service had been received.

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; 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

- People received care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The registered manager was actively involved in the day to day running and delivery of care. They were aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout the inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were supported and received relevant training, support and supervision. Staff were able to contact management for support and seek advice when needed.
- A person spoke positively about the service they received and the care and support from staff. They said, "I am pleased with the care I receive from Bellastouch Ltd and would recommend them to other people."

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

- There were systems in place to monitor the quality and safety of the service. Checks and audits conducted included, care plans and records, accidents and incidents, staff records and staff spot checks within the community amongst others.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

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

- There were systems in place to seek the views of people, their relatives where appropriate and staff through accessible means. These include reviews of care provided, telephone monitoring, staff spot checks, satisfaction surveys and staff meetings and supervisions. We saw a comment made in the providers survey that was conducted March 2023. The person commented, "The carer is very professional and kind at her work, we are happy with her work."

Working in partnership with others

- The service worked with health and social care professionals to ensure people received good care. When required staff worked and communicated with professionals such as, GP's and community nurses to ensure

people's needs were met appropriately.