

Balby Care and Home Services Ltd

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Inspection report

Suite 5, Clayfield Business Centre
Tickhill Road
Doncaster
South Yorkshire
DN4 8QG

Tel: 01302853522

Website: www.balbycare.co.uk

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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

The inspection took place on 28 February 2017 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Commission in March 2015, and this was the first inspection of the service.

Balby Care and Home Services provide personal care to people living in their own homes. Its office is located in a business centre in Balby, on the outskirts of Doncaster. The agency mainly supports older people, including some people who are living with dementia. It also provides domestic services such as cleaning and shopping.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of our inspection there were 16 people receiving support with their personal care. We spoke with three people who used the service and three relatives about their experiences of using the agency. All the people we spoke with told us they were very happy with the service provided.

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating care plans. The information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. They were supported by staff who delivered their care in line with their preferences. People were supported to maintain maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

The service employed enough staff to meet the needs of the people being supported. We saw people mainly had a core team of care staff who visited them on a regular basis. People who used the service praised the staff who supported them and raised no concerns about how their care was delivered.

A robust recruitment system helped the employer make safer recruitment decisions when employing new staff. We saw staff had received a structured induction and essential training at the beginning of their employment. This had been followed by additional and refresher training to enhance their knowledge and skills. Staff told us they felt very well supported by the management team.

The company had a complaints policy, which was provided to each person at the start of their care package. We found no concerns had been raised since the service was registered, but a system was in place to record and look into any complaints received.

The provider had systems in place to enable people to share their opinion of the service provided and check staff were following company policies correctly.

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.

There were systems in place to reduce the risk of abuse, and to assess and monitor potential risks to each person.

Recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Medication was administered in a timely way by staff who had been trained to carry out this role.

Is the service effective?

Good ●

The service was effective.

Policies were in place regarding the Mental Capacity Act and senior staff were aware of their role with regards to acting in people's best interest.

A structured induction, essential training and on-going support and observational assessments helped staff meet people's needs to a good standard.

Where people required assistance preparing food staff had received food hygiene training to help make sure food was prepared safely.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a good awareness of how they should respect people's choices, and ensure their privacy and dignity was maintained.

People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People told us they received a good quality of care from staff who understood the level of support they needed and delivered

care and support accordingly.

Is the service responsive?

The service was responsive.

People had been encouraged to be involved in planning and reviewing their care package.

Care plans were individualised so they reflected each person's needs and preferences. Records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed.

Good ●

Is the service well-led?

The service was well led.

The service was led by a registered manager who had a clear oversight of the agency, and of the people who were using it.

Systems were in place to gain people's opinion of how the service operated and evaluate where improvement was needed

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Good ●

Balby Care and Home Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection began with a visit to the services office which took place on 28 February 2017. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was undertaken by an adult social care inspector.

Out of the 16 people being supported with personal care we spoke with three people who used the service and three relatives to gain their views on the care provision. We spoke with the registered manager and five staff, who were either care workers or based at the agency's office. We also obtained the views of service commissioners and a health care professional who had worked closely with the service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications and the Provider Information Return (PIR) submitted by the registered manager prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care records, training files, four staff recruitment and support files, medication records and completed quality assurance checks.

Is the service safe?

Our findings

People who used the service, and the relatives we spoke with, told us they felt care and support was delivered in a safe way. One relative commented, "I have peace of mind knowing [person using the service] is looked after and safe." People also told us staff maintained good security during visits. A relative commented, "I feel they [family member] are safe in their care."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. A system was in use to record any safeguarding concerns.

Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had completed training in this topic during their induction period, followed by periodic updates. This was confirmed in the training records we sampled.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. Care files we sampled highlighted specific areas where people were more at risk and we saw these were being monitored by staff. This included how to move people safely and the risk of someone not eating or drinking enough. Where appropriate these had been reviewed and updated in a timely manner to reflect any changes in people's needs.

As part of the service's initial assessment process we saw an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person's home that might affect the person using the service or staff.

Staff we spoke with had a good understanding of people's needs and how to keep them safe. They described the arrangements in place for them to access people's homes while maintaining a good level of security. Staff confirmed they always wore identity badges so people could check they worked for the agency.

At the time of the inspection there was enough staff employed to meet the needs of the people being supported by the agency. The registered manager told us they were recruiting a few more staff to provide additional cover, but said they wanted to keep the agency small and person centred. People we spoke with raised no concerns about how the service was staffed. They told us the majority of the time they were supported by the same care workers, staff were usually on time and they stayed the agreed length of time for each visit. The provider had an electronic system in place which highlighted when staff arrived and left each visit. This enabled them to monitor call times and provide additional support if a care worker was delayed for any reason. Care staff we spoke with said they felt there was enough staff to meet people's needs.

Recruitment records, and staff comments, indicated a satisfactory recruitment and selection process was in place. The staff files we sampled showed that appropriate checks had been undertaken before they began working for the service. These included two written references, [one being from their previous employer], and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had taken place and we saw documentation of questions asked at the interviews. Care staff told us they were not allowed to start caring for people until all the necessary checks had been completed and found to be satisfactory.

The service had a medication policy which outlined the safe handling of medicines. The electronic system used by the service included information about medication. This could only be accessed by key staff with responsibility for adding and updating information. The registered manager showed to us how the system produced a Medication Administration Record [MAR] from the information recorded. The MAR clearly told staff what medicine was due and when, including any specific information required, such as if it should be taken with food. Where people needed assistance to take their medicines care plans outlined staffs role in supporting them to take them safely. Details of what medication was prescribed for each person was also included in their care file. The people we spoke with confirmed staff prompted people to take, or administered, the correct medication at the right time.

Staff had completed medication training. We also saw evidence that the management team had completed regular observational checks on staff to make sure they were following company policy, which included medication practices. Medication records were returned to the office each month and were checked to ensure staff had completed them correctly. The registered manager told us if any shortfalls were found these would be recorded on the audit sheet and action taken to minimise the risk of a recurrence. The records we sampled had been completed correctly.

Staff told us personal protective equipment such as disposable aprons and gloves were readily available. The registered manager said they monitored the distribution of supplies so they could check if staff were collecting them appropriately. They also checked they were being used effectively when 'spot checks' took place at people's homes.

Is the service effective?

Our findings

People we spoke with said staff had the skills and knowledge to do their job well and provided very good care and support. They told us they were encouraged to maintain their independence, but appropriate support was given when needed. One person who used the service said, "They [staff] are very good, I can't complain." Relatives also spoke positively about the service their family members received. One relative commented, "They [staff] are very good. They provide care with a much more personal touch. They go over and above expected standards." Another relative said, "The staff are good at supporting people and communicating. They tell me about changes promptly, always keeping me informed."

A deputy manager had recently been recruited and part of their role was to co-ordinate and facilitate training at the agency. Records and staff comments demonstrated staff had undertaken a structured induction when they joined the agency, as well as shadowing an experienced care worker until they were assessed as competent and confident in their role. We saw staff had completed the Care Certificate, along with other essential training. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

All the staff we spoke with felt they had received the correct level of training they needed for their job roles. This included administration of medication, moving people safely, first aid, food hygiene and dementia awareness training. One care worker told us their training had been, "Very Good." Another member of staff said, "The manager is always asking if we want to do more training." Staff told us they were also encouraged to undertake a nationally recognised qualification in care.

The staff we spoke with told us they felt well supported. They said they could speak to the registered manager or the field supervisors at any time to ask questions or gain additional support. As well as periodic one to one sessions we found regular 'spot checks' [staff observation assessments] had taken place to make sure staff were following best practice guidance and people's individual care plans. A staff appraisal system was in place, but a few annual appraisals were overdue. The registered manager told us these would be carried out in the following few weeks.

The Mental Capacity Act 2005 [MCA] is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. The registered manager told us policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. If someone was unable to make decisions on their own other people had been involved in making decisions in their best interest.

Although senior staff had completed training on this topic we found not all care workers had completed this training. While we were at the office the registered manager made arrangements for this training to be

undertaken. When we spoke with staff the week after the visit to the office they confirmed they had now completed the training, or were planning to do so shortly.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food handling training as part of their induction to the agency, which we were told was updated periodically.

The registered manager described to us how people at risk of not eating or drinking enough were monitored to make sure they maintained an adequate diet. We saw completed food diary's that had been put in place when concerns were identified. This was confirmed by the staff we spoke with. They also told us they made sure drinks and snacks were available for people between visits if they could not get them on their own. One care worker said, "We encourage people to have a healthy diet and if we also do their shopping we advise them what's healthy. I have done training in diabetes so I understand what they should avoid."

People told us they would feel comfortable discussing healthcare issues with staff as they arose. One member of staff explained how when someone had difficulty swallowing the GP had been contacted which resulted in the person being assessed by the speech and language team and changes made to the way they ate and drank. Care files checked contained information about any involvement from healthcare professional. For instance, one file highlighted that the district nurse was responsible for a certain medication.

A community nurse co-ordinator told us the service worked well with them to make life better for the people being supported. They described how working as a team the agency had enabled two people to remain at home while supporting their dietary and memory loss requirements. They also told us, "At the first sign of deterioration they [the agency staff] contact me, and even collect urine samples to help the district nurses out. They will also collect antibiotics from the chemist so they can be started straight away. Communication is second to none and [name of registered manager] uses me for advice as needed. I would recommend them, especially for end of life care."

Is the service caring?

Our findings

People who used the service were very complimentary about the staff. They praised the care workers who they referred to as kind, lovely, smiley and respectful. One person commented, "I have always been treated with dignity and respect. They [care workers] are great and treat me properly." A relative told us, "Staff's attitude seems good. Mum would tell me if there was a problem." Another relative commented, "They [staff] are very reliable. They look smart in their uniforms, are chatty and they always ask if he wants a drink or anything before they leave." A third relative told us, "Some staff are absolutely fantastic, as they engage better with mum, but overall they are all good."

People who used the service, and the relatives we spoke with, told us they were encouraged to express their views and were involved in making decisions about the care and support staff provided. We saw they had been involved in developing their care plans and people told us staff worked to these plans. The management team also carried out 'spot visits' where as well as observing how workers provided care, they also asked the person using the service if they were happy with how their care was delivered. This gave them the opportunity to share their views or make adjustments to their planned care.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They said they usually supported the same people, which meant they knew about the person well and were aware of their preferences. Staff described how they endeavoured to ensure the care and support provided was tailored to each person's individual needs.

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. One care worker told us, "You treat people how they want to be treated, not how you feel they should be treated. Curtains should be closed and doors etcetera and you should make sure people are covered up." Another care worker commented, "People should be encouraged to make their own choices, each person likes things different. I offer them a choice of what they would like to eat out of their fridge and what they want to wear that day." The people we spoke all confirmed that staff respected their privacy and dignity, and offered them choice.

Staff also described how they tried to maintain people's independence. One care worker told us, "You should support and encourage people to do what they can, like preparing meals, hoovering up and washing themselves as much as possible." Another care worker said, "I try to encourage movement as much as possible. Sometimes there is physio input, such as exercise to do."

The registered manager explained how their aim was for every person using the service to be supported by a small team of care staff who knew them well. The people we spoke with confirmed they had a regular team of care staff who knew them well and supported them as they preferred.

To enhance staffs knowledge and awareness Balby Care and Home Services have signed up to be Dementia Friends. Dementia Friends is about learning more about dementia and the small ways you can help, from

telling friends about Dementia Friends to visiting someone you know living with dementia. The registered manager also attended the End of Life Group run by the local authority. They told us these were quarterly meetings attended by guest speakers. Who talked about topics such as end of life care plans and do not attempt resuscitation procedures.

Is the service responsive?

Our findings

All the people we spoke with said they were happy with the care provided and complimented the staff for the way they supported people. A relative told us, "The manager talks to me on the phone if there are any changes. Everything mum needed has been provided." Another relative described how following a hospital stay the registered manager had reassessed their family members care package to take into account their general deterioration. They added, "They [staff] are responsive to mums changing needs. They have local knowledge and are based locally so they will pop out outside arranged hours to check she is okay." A third relative described how the registered manager had been flexible in arranging additional visits to their family member when they were away.

The registered manager described how they visited each person before the care package commenced to ensure they could meet the person's needs and find out how they preferred their care delivering. All the people we spoke with confirmed they had had been involved in planning and reviewing their, or their family member's care.

Staff told us each person had a care file in their home and this was confirmed by the people we spoke with. Overall the care records we sampled at the agency's office contained individualised information about the areas the person needed support with and how they wanted their care delivering. However, we highlighted to the registered manager that people's abilities to care for themselves were not always as detailed as they could be. For instance, in one file there was comprehensive information about their abilities incorporated into the plan, yet in another details were more basic. The registered manager told us this was an area she was working to improve, and we saw evidence of this in the care plans for newer people using the service.

Files also included assessments on topics such as risk of falls and pressure damage, as well as any nutritional risks. However, we noted that information contained in risk assessments had not always been fully incorporated into care plans to give staff a clearer overview of the person. The registered manager said they would address this immediately.

Staff had completed a record of each visit they made in a monthly journal; these reflected the planned care and identified any changes in the person's wellbeing. Staff we spoke with said they felt care plans provided good detail that enabled them to meet people's individual needs.

The company had a complaints procedure, which was included in the information pack given to people at the start of their care package. The registered manager told us no complaints had been received since the service was registered. Everyone we spoke with told us they would feel comfortable raising concerns with the management team but said they had no complaints at that time.

We also saw eleven complimentary comments, letters or cards had been logged by the agency since they were registered with the commission. These thanked the registered manager and staff for their care and support.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager/owner was very much hands on regarding the running of the agency. She was supported by a small office team and field care supervisors. There was an out of hours on call system in place to ensure staff could speak to one of the management team should they need advice or support.

People we spoke with said they were very happy with the service they received. One person who used the service told us, "I am definitely happy [with the service provided]." A relative described the registered manager as, "Very responsive, helpful and approachable." They added, "I would highly recommend them [Balby Care and Home service]. It's a shame they are not on the council framework, but I would always still use them." Another relative told us, "I have felt comfortable with the manager since day one. She keeps an eye on staff and rings me to keep me updated if she needs to. The last company we used was rubbish, these are so much better."

When we asked people if there was any way the agency could change to improve the care provision no one could think of anything particular they would change. One person using the service said they would like the same care worker for every visit, but acknowledged that this would not always be possible. A relative commented, "There is nothing, I have peace of mind that he is being looked after safely." Another relative told us, "Maybe fewer carers visiting, but generally I am happy. Mum has managed to stay living at home primarily due to them [the agency]."

We saw the provider had used questionnaires, phone calls and visits to people in their homes to gain their views about how the service was operating. The outcome of the last survey contained positive responses from people.

When we asked staff if there was anything they felt the service could improve they said that they enjoyed working for the agency and were happy with how it operated. They did not highlight anything they felt needed improving. One care worker told us, "No, it's a very well organised agency. It is one of the best companies I've worked for. The manager is lovely and approachable, both with personal and work issues."

Staff told us they attended meetings where they were provided with information, discussed any topics they had added to the agenda and shared experiences. They said they also had informal chats with the management team when they needed to talk something through or required additional support. One care worker told us the registered manager was approachable adding, that they felt they could voice any concerns, they would be listened to and their comments acted on.

We found the management team checked to make sure the service was operating to expected standards. This included checking staff had completed the correct training to meet people's needs and observing if they followed medication and infection control best practice guidance. Other audits included financial transactions, recruitment processes, health and safety and first aid. We saw daily records and medication

forms had been checked each month when they were returned to the office, to make sure they had been completed correctly.

Discussions with the registered manager demonstrated they were keeping abreast of current legislation and guidance. They told us this included attending the 'Keeping Doncaster Safe' forum facilitated by the local authority.

We found the agency had been awarded the Investors in People accreditation. Investors in People is the standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard. They were signed up to the Information Commissioner's Office with regards to keeping records and data protected and secure, and also attended a Work Force Forum.

The registered manager described how they worked with professionals and community links, such as GPs, district nurses and Telecare, to ensure people received the correct support. Telecare is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living in their own home, while minimising risks such as a fall and relates to other real time emergencies and lifestyle changes over time.

A health care professional told us, "I can't speak highly enough about them. I have dealt with a lot of care companies, but Balby are very forthcoming and proactive in meeting people's needs."

The local authority told us they had carried out an annual assessment at the service in April 2016. They reported that people who returned questionnaires to them had said the service provided was "Excellent." They said this was confirmed during visits made to people using the service who said care staff were good and the office staff were responsive. They had highlighted that further training was needed, especially in relation to diabetes, and we saw this had been provided.