

Belong Limited

Belong at Home Newcastle-under-Lyme

Inspection report

65 Lower Street
Newcastle
ST5 2RS

Date of inspection visit:
22 May 2019

Date of publication:
18 June 2019

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service:

Belong at Home is a domiciliary care service that provides personal care for people living in their own homes. At the time of our inspection, ten people were in receipt of personal care support.

People's experience of using this service:

Medicines were not always managed safely. The service had implemented systems to improve this practice.

People were supported by a team of suitably skilled staff who knew how to manage people's risks to keep them safe. Staff had received safeguarding training and knew how to identify and report concerns any signs or harm or abuse.

People's needs were assessed, and care was delivered in line with people's needs and preferences. Staff worked well with other professionals to effectively meet people's changing needs. Staff understood the principle of consent and supported people to have maximum choice and control of their lives.

People were given choice about the way they received their care, and this was delivered by staff who were kind and caring. Staff respected people's dignity and promoted people's independence. People were given the opportunity to participate in reviews about their care and there was a system in place for people and staff to report complaints or issues.

The service had a new registered manager in post. There were systems in place to monitor the effectiveness of the service and there were new initiatives in place to improve and sustain the quality and safety of the service.

Rating at last inspection:

This is the first time the service has been inspected.

Why we inspected:

This was a planned inspection based on the date and our inspection schedule for newly registered services.

Follow up: We will continue to monitor the service through information we receive.

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

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 consistently 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 well-led.

Details are in our Well-Led findings below.

Good ●

Belong at Home Newcastle-under-Lyme

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. 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 completed by one inspector.

Service and service type:

The service had a manager registered with the Care Quality Commission. 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:

Inspection site visit activity started on 22 May 2019 and was unannounced. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. After the inspection we spoke to people, their relatives and staff on the telephone.

What we did:

Before the inspection, we reviewed the information we held about the service to help us formulate our inspection plan. We looked at the Provider Information Return (PIR). This is a document we ask the provider to complete to give us key information about the service, such as what it does well and any improvements they plan to make. We looked at notifications. Notifications are sent to us by the provider, as required by law to tell us about events that have occurred such as deaths, serious injuries and safeguarding concerns.

During the inspection we spoke with two people who used the service and two relatives, two members of

staff, the general manager, the registered manager and the practice development facilitator. We looked at three care records and records relating to the management of the service including, policies and procedures, audits and staff recruitment files.

Is the service safe?

Our findings

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

Requires improvement: 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. Regulations may or may not have been met.

Using medicines safely

- Medication Administration Records (MAR) were not consistently completed. Records we viewed showed some gaps where staff should have signed to state that they had safely administered medicine. Some of the charts had illegible markings so it was difficult to determine if medicine had been administered and signed for. Therefore, the provider could not be fully assured that people had been administered their medication in line with their assessed needs.
- There were no PRN protocols in place. PRN protocols contain information to support staff to administer as required medications as intended by the prescriber. MAR charts for PRN medication were in use but these did not contain the specific information about PRN medication and how this should be administered in line with best practice guidance.
- Audits of the MAR charts had not always been completed. The shortfalls that we had identified had not been picked up as part of the quality assurance process. The new registered manager had prioritised this task for completion and we could see that this was in process.
- People we spoke with told us that they did receive their medication on time.
- Staff had received medication training and senior staff and managers completed spot checks to assess staff competency. Following our findings, the practice development facilitator told us that they would look at re-training all staff in the safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe. One person told us, "I always feel safe."
- The provider had a safeguarding policy in place and encouraged staff to use their 'see something say something' initiative to report any safeguarding concerns.
- Staff could recognise signs of abuse and knew how to report any worries or concerns they had to keep people safe.

Assessing risk, safety monitoring and management

- People had their risks assessed and an assessment put in place.
- Staff told us how they used the risk assessments to guide them to support people to reduce the risk of avoidable harm.
- People who had specific health conditions had plans of care in place. Staff knew people's needs well and could tell how what actions they took to support people.

Staffing and recruitment

- People told us that they received support from the same members of staff where possible. One person said, "I have the same amount of the same staff; I was always wondering who would come when I was with the old company that I used but I don't have that with Belong at Home."
- Staff were subject to employment checks to determine their suitability to work with people in their own homes.
- Staff told us that they had sufficient time to get to each call and to spend with people.

Preventing and controlling infection

- One person told us, "They [staff] always wear their gloves and wash their hands."
- Staff reduced the risk of the spread of infection by wearing Personal Protective Equipment (PPE).
- One relative said, "The girls always wear their gloves and aprons."

Learning lessons when things go wrong

- The registered manager kept a log of incidents as they happened and used this information to identify themes and trends. There was an action plan in place to alleviate the risk of reoccurrence.
- Staff communicated any important news or changes from care calls to a group email, so each staff member would be able to respond accordingly to any identified changes in need or support.

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

Good: 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 prior to them receiving support from staff. This ensured that people's needs could be appropriately met.
- Care plans were detailed and gave staff the information they needed to effectively support people. Reviews of people's needs had been undertaken and people and their relatives were encouraged to participate in the compiling of their care plans.
- Care files were kept in people's own homes so that staff could keep up-to-date with changes to people's care and support needs.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were skilled and they had confidence in staff to competently carry out their duties.
- Staff were subject to a corporate and practical induction at the start of their employment.
- The practice development facilitator kept a log of staff training and this was updated to show when training had been completed or if it was overdue.
- The registered manager told us staff received supervisions and that this was used as an opportunity for staff to discuss their training and development needs. Staff we spoke with confirmed what the registered manager had told us.

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

- Where people were supported to eat and drink, this was done in line with people's care plans.
- People told us they were given choice about their dietary requirements and comments we received included, "The staff are limited to what they can cook in the time they have, but they always get me what I want" and "They [staff] always ask me what I would like and they help me with things I cannot manage myself."
- Care records we viewed evidenced that individual choices and preferences were considered. For example, people were asked about culturally specific diets and preferences such as vegetarianism.

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

- The registered manager made referrals to other professionals in a timely way to provide positive outcomes for people.
- The provider had recognised the need for further dementia training amongst staff and this was arranged with a specialist trainer.

- People were supported where necessary to access healthcare services and appointments. The provider had its own access to a nurse professional to offer support and advice for people and their relatives.

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.

- We checked whether the service was working within the principles of the MCA. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

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

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 spoke highly of the service and were complimentary about the staff team.
- One person said, "I am so happy; all the care staff are very good." Another person told us, "The staff are all so social and always have time for a chat."
- Relatives we spoke with also felt the staff team treated people with kindness and compassion. One relative said, "The whole experience that the staff have provided has been amazing; we are unbelievably grateful and think they [staff] are phenomenal." Another relative told us, "I am very pleased with the staff; they support me and give me guidance and advice too."
- The service considered people's protected characteristics under the Equality act 2010, such as race, religion and sexuality. People were asked to complete an equality monitoring form which was used as a mechanism to help support people with diverse needs.

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

- People were asked about their care needs and were supported to take part in reviews of their care.
- A relative told us, "They [staff] treat [relative's name] like a person; the staff don't just see an old person. It is not just a transaction with them; it is much more personal."
- The service supported people to maximise their communication. For example, pictorial and written aids were utilised for people who were living with a sensory loss.
- People were supported to access the provider's other facilities. For example, people were able to use the bathing facilities in the Belong Village if they had stipulated that preferred to bathe rather than shower.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected the privacy and dignity of people they supported by asking for consent from people and knocking on doors before entering properties. One staff member told us, "I never just presume it is ok to do something, I always ask. I treat people as if they were my own relative."
- Another staff member said, "We don't rush people, we are in their homes."
- A relative said, "Staff have taken the time to get to know [person's name] and learned where the things are in the property so they do not have to keep asking them all the time; it's the little things that have made such a difference." This supported what staff had told us.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support was tailored to their individual needs and wishes. Care records were person-centred, and people had a 'This Is Me' document that detailed people's life history, likes and dislikes. The registered manager said, "It gives people the opportunity to speak about themselves and allows the staff to build relationships with people."
- Staff knew people well and told us how people liked their support to be delivered.
- The provider and registered manager understood their obligation to meet the Accessible Information Standards (AIS) and reasonable adjustments were made for people who had communication needs. The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they knew how to complain and felt assured that any complaints would be dealt with.
- One relative told us, "I asked to see the registered manager to discuss a few issues about [relative's name] care. The registered manager came to see me straight away and did what they could to address the issues I brought up."
- Another relative said, "I would know who to go to if I needed to complain but I have not had any issues at all."
- The service had a complaints policy in place and encouraged feedback from people using the service.

End of life care and support

- At the time of our inspection, the provider was not supporting anyone with end of life care.
- People were asked about their end of life wishes and needs as part of the pre-assessment process. The practice development facilitator told us that the service incrementally builds on people's end of life care plans as needed.
- The practice development facilitator worked with local hospices to develop the service's end of life care practices.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits were completed to monitor the safety and quality of the service; however, medicine audits had not been consistently completed, as already highlighted in this report. The registered manager had been in post for one month and evidenced that medication audits had been classified as a priority for completion.
- Staff were required to log in and out of care calls using an electronic system. This enabled the registered manager to monitor the delivery of care.
- The registered manager was new to the role and understood their regulatory requirements and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff promoted the provider's values and ethos and demonstrated a commitment to providing high-quality care and support.
- The registered manager told us, "I am new to this role but I feel confident and well supported. I am taking the responsibility to take things forward and I am striving to become an outstanding service."
- People, their relatives and staff spoke positively about the registered manager. Comments we received included, "They [registered manager] has changed things to how they should be; they are not afraid to get stuck in and help out with anything", "[Registered manager's name] is new in post and they are very studious and conscientious. They are very caring and as staff, we can see the service has improved" and "They [registered manager] are so passionate about things; they just want to get it right."
- The registered manager was aware of their responsibilities under The Duty of Candour, that is to be open and honest when things go wrong. They told us, "People make mistakes; we are only human but we need to be open and address any issues."

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

- Questionnaires had been sent out to people and their relatives to collate feedback about the quality of the service they received.
- Staff meetings were held to give the management and staff the opportunity to discuss issues relating to the running of the service.
- Staff who expressed an interest in progressing their care careers were encouraged to develop their skills and knowledge in relation to the management and running of the service under the supervision of the registered manager. The registered manager said, "If staff want to improve and develop, I will encourage it. If

I have happy staff, we have happy people."

Continuous learning and improving care

- The registered manager had worked alongside one of the provider's other services to learn from their positive practices in order to improve outcomes for people using the Belong at Home service.
- There were plans in place to make improvements to the service people received. These were not yet imbedded in practice but staff told us that they could see changes had been made with one staff member saying, "The registered manager has made a massive in-road already and we all appreciate having [registered manager's name] there and the service can only get better and better."

Working in partnership with others

- The registered manager had developed good working relationships with other agencies and within the community in a bid to enhance the quality of care for people.