

Bagnall Heights Domiciliary Ltd

Bagnall Heights Domiciliary Service

Inspection report

6 Bagnall Heights
Bagnall
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Tel: 01782541222

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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: Bagnall Heights Domiciliary Service provides personal care and support to people living in their own homes in a retirement complex. The service was supporting 11 people at the time of the inspection.

People's experience of using this service:

People using the service and their relatives were very happy with the support provided by Bagnall Heights Domiciliary Service.

People told us staff visited them when they should and provided them with safe care. The provider followed safe processes when recruiting staff and staff understood their responsibilities if they witnessed or suspected abuse. The service managed people's risks appropriately and managed people's medicines in a safe way. A minor improvement was needed to medicines documentation and the registered manager made the necessary improvements during the inspection. Staff protected people from the risks associated with poor infection control.

Staff supported people in a way which met their needs. People felt staff had the knowledge and skills to support them well. Staff were happy with the induction they received when they joined the service. They completed the provider's required training, which was updated regularly. Staff completed mental capacity assessments in line with the Mental Capacity Act 2005 and consulted people's relatives when people were unable to make decisions about their care. Staff supported people to meet their nutrition, hydration and healthcare needs and referred people to community professionals when they needed extra support.

People liked the staff who supported them and told us staff were caring and respectful. Staff considered people's diversity and people received any support they needed with their communication needs. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. People told us staff discussed their care needs with them and they were involved in decisions about their care. The provider ensured information was available about local advocacy services.

Staff provided people with care that reflected their needs and preferences. Staff created individualised care plans and risk assessments, which they updated when people's needs or risks changed. People were supported by a familiar staff who knew them and how they liked to be supported. Staff offered people choices and encouraged them to make decisions about their support. No formal complaints had been received by the service. We saw evidence that the registered manager dealt with minor concerns appropriately.

People and their relatives were happy with how the service was being managed. We found evidence the service was providing people with person centred, high quality care. Staff liked working at the service and told us they felt well supported by the registered manager and deputy manager. The service sought regular feedback from people about the care provided. People expressed a high level of satisfaction with the

support they received. The registered manager and deputy manager completed regular checks of many aspects of the service, including medicines, concerns, accidents and care documentation. The checks completed were effective in ensuring the service maintained appropriate levels of quality and safety.

Rating at last inspection: This was our first inspection of the service.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 safe

Details are in our Safe findings below.

Good 

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 

Bagnall Heights Domiciliary Service

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 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. It provides a service to younger adults, older people, people with a sensory impairment or physical disability and people living with dementia.

The service had a manager registered with the Care Quality Commission. This means 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 three days' notice of the inspection site visit. This was to enable the registered manager to gain people's consent for us to contact them for feedback about the service before we visited the office.

Inspection site visit activity started on 14 March 2019 and ended on 19 March 2019. We visited the office location on 19 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we spoke on the telephone with one person who was supported by the service, four relatives and friends and one person's legal representative, to gain their feedback about the care provided. We also spoke with three care staff. We contacted the local authority quality assurance, contract monitoring and safeguarding teams and Healthwatch Stoke for feedback about the service. Healthwatch is an independent national champion, making sure that those running health and social care services, and the government, put people at the heart of care. We used the feedback received to help create a plan for the inspection. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited one person in their home to gain their feedback about the care they received. We also spoke with the provider, registered manager, the deputy manager and the estates manager. We reviewed the care records of two people supported by the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

After the inspection, we contacted four community healthcare professionals for their views about the service. We also contacted a local fire officer who was involved with the service, to discuss fire safety arrangements.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider has systems to protect people from the risk of abuse and avoidable harm.
- People and their relatives told us staff provided safe care. Comments included, "They provide safe care, one hundred per cent" and "I always feel safe when the girls are helping me."
- Staff understood how to protect adults at risk of abuse and how to report any concerns. They had completed safeguarding training and a safeguarding policy was available for them to refer to. No safeguarding concerns had been raised about the service. The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if they had any concerns.

Assessing risk, safety monitoring and management

- The provider ensured staff managed risks to people's safety and wellbeing appropriately.
- Staff completed and regularly reviewed people's risk assessments, including those relating to falls, mobility, medicines, nutrition, personal care, independent living and fire safety. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. One relative told us, "[Person] has fallen since they've been supporting her and staff were there in minutes. I'm happy with how her falls risk is being managed."
- We reviewed the service's accident records and found evidence staff had taken appropriate action when people had experienced accidents, including falls.

Staffing and recruitment

- Staff had been recruited safely and there were sufficient staff to meet people's needs.
- We reviewed two staff recruitment files and found appropriate checks had been made of staff members' suitability to support adults at risk.
- People told us staff visited them on time and stayed as long as they should. No-one we spoke with had experienced any missed visits.

Using medicines safely

- Staff managed people's medicines safely and administered people's medicines as prescribed.
- People were happy with how their medicines were being managed and told us staff administered their medicines when they should. Comments included, "Medicines are fine, they're always on time" and "Medicines are managed safely, they're in a locked safe in the home."
- We noted people's allergies were not always included on their medicines administration records. We discussed this with the registered manager, who made the necessary improvements.
- Staff who administered medicines had completed the relevant training and the registered manager had assessed their competence to administer medicines safely.

Preventing and controlling infection

- Staff protected people from the risks of poor infection control.
- Staff completed infection control training as part of their induction and the provider's required training. An infection control policy was available for them to refer to.
- Staff told us they used personal protective equipment when preparing people's meals and supporting them with personal care.

Learning lessons when things go wrong

- The provider had systems to analyse incidents and make improvements when things went wrong.
- Accident records showed that staff had taken appropriate action. They had sought medical attention when appropriate and had referred people to community healthcare professionals to assess whether they needed additional support. The registered manager told us if any incidents occurred where the service was found to be at fault, any lessons learned would be shared with staff to avoid similar errors happening again.

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

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 received care that reflected their needs and helped them achieve positive outcomes.
- People and their relatives told us they were happy with the care provided by the service. Comments included, "It's excellent care. I can't fault it in any way", "They look after [person] brilliantly, they're great with her" and "They are really one of the best in the area."
- The registered manager or deputy manager completed an initial assessment of people's needs before the service began supporting them. They used the initial assessments to create care plans, which contained detailed information about what people were able to do for themselves, the support they needed and how staff should provide their support.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

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

- The service was working within the principles of the MCA.
- People told us staff asked for their consent before providing them with support. One person commented, "They always get permission before providing support with personal care."
- People had signed consent forms, giving staff permission to provide them with care, administer their medicines and share their personal information when necessary.
- Where there were concerns about people's capacity to consent to, and make decisions about, their care, staff had completed capacity assessments and had consulted people's relatives in line with the MCA.

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

- Staff supported people to meet their nutrition and hydration needs.
- Staff recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals where they identified concerns. Staff were aware of people's

special dietary requirements and how to meet them.

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

- The service supported people to meet their healthcare needs and worked in partnership with other agencies to ensure people received effective care.
- Staff referred people to a variety of community health and social care professionals to ensure they received the support they needed. These included GPs, community nurses, occupational therapists and physiotherapists. The contact details for professionals involved in supporting people were included in people's care files, which helped to ensure staff were able to contact professionals if people's needs changed. The community professionals we contacted provided positive feedback about the support provided by the service.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- Staff contacted people's relatives when appropriate, to discuss any concerns about people's health or wellbeing. One relative told us, "[Person] has had some health issues and the service has been very good regarding these."
- If a person was taken to hospital, staff gave paramedics or hospital staff a summary of their support needs and medicines. This helped to ensure relevant information was shared when people moved between services.

Staff support: induction, training, skills and experience

- The provider ensured staff were given the induction and training they needed to meet people's needs. People and their relatives felt staff had the knowledge and skills to meet their needs. One relative told us, "The staff are all skilled and competent."
- The registered manager and deputy manager regularly observed staff, to assess their competence to provide people with safe care which met their needs
- Staff were happy with the induction they received when they joined the service. They completed the provider's initial training and observed experienced staff before they supported people on their own.
- Staff told us they had completed the provider's required training, and this was confirmed in the records we reviewed. We noted three staff had not completed fire safety training. We discussed this with the registered manager, who arranged for them to complete it shortly after our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

- Staff supported people well, treated them with dignity and respected their diversity.
- People liked the staff who supported them. They told us staff were kind and caring and treated them with respect. Comments included, "[Person] likes the staff who support her. They're very nice, caring and kind", "I like them all, they're respectful and friendly" and "The girls are all lovely and very good."
- Staff considered and respected people's diversity. Care documentation included information about people's gender, religion, ethnic origin, marital status and preferred language. This meant staff had an awareness of people's diversity and what was important to them.
- As part of their induction, staff signed to demonstrate they had read the provider's policies on equality and diversity, and dignity at work. This helped ensure they were able to meet people's diverse needs.
- Staff assessed and regularly reviewed people's communication needs and provided any support needed. Three people's care plans were provided in an easy read format and the service user guide given to each person when the service agreed to support them was available in large print, easy read and audio versions.

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

- Staff asked people for their views and involved people in decisions about their care.
- People told us their care needs had been discussed with them and they had signed documentation to demonstrate this. They told us staff gave them choices and encouraged them to make every day decisions about their care. One person commented, "They always give me a choice, they don't make decisions for me." One relative told us, "[Person] had a personality clash with some of the carers and liked some more than others. We discussed it with the management and they resolved it."
- The provider made sure people had access to information about local advocacy services, which can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. In addition, staff asked people during the initial assessment if they wanted support from an advocate. No-one was being supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity and encouraged them to be independent.
- Comments included, "They always knock and shout before they come in and they call me [preferred name] which is what I like" and "They're very kind and caring and respect [person's] privacy and dignity."
- Staff respected people's wish to remain as independent as possible. One relative told us, "They encourage [person] to do what she can." People's care plans included prompts for staff to encourage people to be independent.

- Staff took their time when supporting people. One relative commented, "[Person] is never rushed. The staff are patient with her."
- Staff respected people's right to privacy and confidentiality. Staff signed to state they had read the service's confidentiality policy and confidentiality was addressed during the staff induction process. People's care records and staff members' personal information was stored securely and was only accessible to authorised staff.

Is the service responsive?

Our findings

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

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

- Staff provided people with personalised care which reflected their needs and preferences.
- People and their relatives told us, "They are very good and very accommodating. They have adapted to everything we've asked for" and "I'm particular, they know how I like things done."
- People's support plans were detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed.
- Staff asked people their preferred name and language and their preference about the gender of the care staff who supported them.
- People were supported by regular staff. This meant that staff got to know people and were aware of their preferences, as well as their needs and risks. One relative told us, "They are all incredibly supportive."
- Staff gave people choices and encouraged them to make every day decisions about their care. One relative told us, "[Person] is always given choice by staff, such as what she has at meal times." People's care plans included reminders for staff to offer people choices during visits.
- During the initial assessment, staff gathered information about people's interests and included it in their care plans. Staff supported some people to go out regularly and encouraged and supported people to attend the activities available at the retirement complex. The registered manager told us she was working with two local schools to arrange for children to visit people and take part in activities together, such as arts and crafts and armchair exercises.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints and concerns.
- No-one we spoke with had made a formal complaint and the registered manager confirmed that no formal complaints had been received by the service.
- People told us they knew how to make a complaint and would feel able to. Three relatives told us they had raised concerns with the registered manager in the past and they were happy with how they had been dealt with. The registered manager kept a log of concerns that people raised and these had been managed appropriately. Concerns and their outcomes were discussed at regular management team meetings.
- A complaints policy was available and information about how to make a complaint was included in the service user guide. The registered manager told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.

End of life care and support

- The registered manager told us the service had not yet provided end of life care to anyone. The provider had an end of life care policy and the registered manager advised that if a person required this type of support, staff would complete the relevant training to ensure that they could meet the person's needs

effectively. The service's improvement plan included improving staff communication with people around their end of life care plans.

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

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

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 provider ensured the service provided people with high-quality, individualised care and was aware of their duty of candour responsibilities.
- People felt the service was well managed. Comments included, "The manager and deputy are very good. I can ring them anytime, they're very flexible" and "[Registered manager] is absolutely great."
- We found the service was organised. The registered manager and deputy manager were knowledgeable about people's needs, risks and preferences.
- Through staff training, observations, policies and procedures and leading by example, the registered manager ensured staff provided people with person-centred, high quality care.
- There are some specific requirements that providers must follow when things go wrong with care and treatment. No incidents had occurred requiring duty of candour action. The registered manager was aware of their duty of candour responsibilities.

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

- The service sought people's views about the care provided by staff and gave staff the opportunity to give feedback about the service.
- People and their relatives told us they were able to provide feedback about the support they received. One relative commented, "There have been issues in the past, but we had meetings with [registered manager] and resolved them. They're quite flexible."
- The registered manager told us satisfaction surveys were issued to people regularly to gain their feedback about the support provided. We reviewed the outcome of the surveys issued in October and November 2018 and January 2019 and noted people had expressed a high level of satisfaction with the care and support they received.
- The registered manager told us she and the deputy manager asked people for their feedback about staff during regular observations of staff practice but this was not documented. She told us she would amend the paperwork to include people's comments.
- Staff told us the registered manager was supportive and they liked working at the service. Comments included, "It's a lovely place to work. They're very flexible with the people supported and staff. The management is good, I feel well supported", "It's a lovely environment to work in. The service has a person-centred approach to care and the staff go above and beyond for people. I feel well supported and they value my skills" and "They're really nice to work for. Management are very supportive and they're on call when you need them. People are well looked after."

- Staff told us they attended regular staff meetings, where they felt able to raise concerns and make suggestions.

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

- Staff and management were clear about their roles and responsibilities and knew how to provide people with a good quality service.
- The registered manager was responsible for the day to day running of the service. We observed her communicating with people, visitors and staff in a friendly and professional way.
- Staff understood their roles and responsibilities, which were made clear through their job descriptions, induction, training, competence assessments, observations and staff meetings.
- The registered manager and deputy manager completed regular quality checks of various aspects of the service. These included complaints and concerns, accidents and incidents and care documentation, such as medicines administration records and daily records of the care provided. We saw evidence the registered manager took action when staff needed to improve their practice.
- The registered manager had not submitted any statutory notifications to CQC. A statutory notification is information about important events which the service is required to send us by law. The registered manager was clear about her responsibility to submit notifications and we did not find any evidence of events that should have been notified to us but had not been.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of community health and social care agencies. These included social workers, GPs, community nurses, physiotherapists, occupational therapists and speech and language therapists. This helped to ensure people were given all the support they needed.
- The registered manager was working to develop relationships with two local schools, to involve people in their community and help them to avoid social isolation.

Continuous learning and improving care

- The provider had processes to remain up to date with good practice and was keen to develop and improve the service.
- The registered manager kept up to date with current guidance, including CQC and the National Institute for Health and Care Excellence (NICE) guidance. This helped to ensure staff supported people in line with current regulations and best practice guidance.
- The registered manager told us she planned to make many improvements to the service. She shared the service's improvement plan with us, which included additional staff training, matching staff with people, health promotion leaflets and talks, a regular newsletter and involving people more in the development of the service.